DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814 (916) 322-6250



April 11, 1995

ALL-COUNTY INFORMATION NOTICE 1-18-95

TO:

COUNTY WELFARE DIRECTORS

AUDITORS

ADMINISTRATIVE SERVICES OFFICERS

DISTRICT ATTORNEYS

MENTAL HEALTH DEPARTMENTS

COUNTY CLERKS

PROBATION DEPARTMENTS **PUBLIC ADOPTION AGENCIES**

SUBJECT: 1995 COUNTY FORMS CATALOG

REFERENCE:

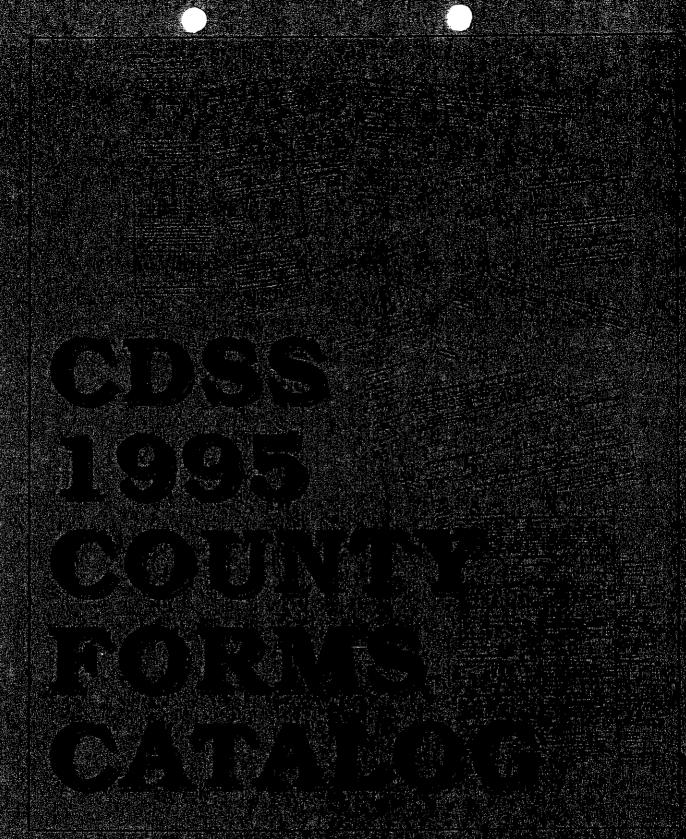
Attached is the 1995 edition of the California Department of Social Services (CDSS) County Forms Catalog. The catalog includes all forms and numbered publications available to CWD/Agencies through the CDSS Warehouse. It has been revised to reflect all changes through Notice of Forms Change Numbers 93-286. 94-256 and 95-088. The unit prices listed in this catalog are effective May 1, 1995, and will remain in effect until further notice.

Before placing your next order, please read through the preface of the catalog which contains all current ordering procedures. If you have any guestions, contact Gail Geisick, Warehouse Manager, at (916) 322-6250, ATSS 492-6250.

JARVIO A. GREVIOUS

Deputy Director Administration

Attachment



INDEX

j	<u>Page</u>
Ordering Instructions	I
Camera-Ready Copies	I
Back Order Procedure	I
Shortages and Damaged Deliveries	II
Obsolete Forms	II
Return of Stock	п
Categories of Department Developed Forms	III
Required Form - No Substitute Permitted (REQ)	III
Program Contact	III
Notice of Form Change - GEN 127	IV
Unit of Issue Abbreviations	IV
Publications	IV
Forms List	1

ORDERING INSTRUCTIONS

Orders for forms must be on the Forms Order (GEN 727B) only. Detailed instructions for filling out the forms order are shown on the reverse side of the form. Whenever possible, consolidate orders until all lines of the Forms Order are filled and limit your order to a three-month supply of each item.

California Department of Social Services has forms which are both free and sold to the counties. Forms which must be purchased by the counties are indicated as such in the catalog by the price in the far right column. Free/sold forms and numbered publications may be placed on the same order.

Prices shown in the catalog are computed to recoup printing and administrative costs.

Send your orders to:

California Department of Social Services Warehouse P.O. Box 22429 Sacramento, CA 95822-3799

Forms with revision dates prior to the most recent printing will be shipped by California Department of Social Services Warehouse provided the order revision is still valid. These valid forms bearing older revision dates will not be accepted by the Warehouse in exchange for the latest revision.

Orders may be reduced at the discretion of the Warehouse, depending upon the level of stock available.

For information on ordering forms not listed in this catalog, please contact Social Services, Forms Management Unit, at (916) 657-1907, ATSS 437-1907.

CAMERA-READY COPY

Camera-ready copies may be requested by counties currently printing their own supplies.

Requests can be made by contacting the Forms Management Unit, at (916) 657-1907, ATSS 437-1907.

BACK ORDER PROCEDURE

If a form is backordered, it will be noted on the copy of the forms order returned to you. A duplicate copy of the order will be retained by DSS Warehouse and the order shipped when stock becomes available. Do not reorder backordered forms or you may receive and be billed for duplicate shipments. If the backordered form is sold, counties will be billed in the quarter the order is filled.

In some instances, orders may be reduced and the balance will not be backordered. This will be indicated on the forms order returned to you. To obtain the balance, you should reorder on another form GEN 727B.

SHORTAGES AND DAMAGED DELIVERIES

If an order is short or damaged, please contact the CDSS Warehouse within five (5) working days after receipt of the order to request an adjustment to your invoice for the billing quarter. In the event of damage in transit, the California Department of Social Services will file a claim against the carrier. The following documents should be forwarded in order to substantiate the claim:

- 1. Copy of carrier's freight bill or delivery document bearing notation of shortage and/or damage.
- 2. Copy of carrier's inspection report when issued.
- 3. Statement of all pertinent facts concerning the shortage or damage not in the above documents, signed and dated.

If stock is defective or ordered in error, contact CDSS Warehouse at (916)322-6250, ATSS 492-6250.

OBSOLETE FORMS

Whenever possible, the California Department of Social Services will keep the obsoleting of forms to a minimum. However, when State or Federal legislation/regulation changes make it necessary to obsolete a form, CDSS will credit CWDs/Agencies for the return of their obsoleted stock.

An official obsoletion notice via the GEN 127 process will be issued on all forms to be obsoleted by CDSS; do not return any forms for credit until such notices have been issued. Follow the instructions below on the return of stock.

RETURN OF STOCK

If reason for return of stock is acceptable, such as obsoletion by DSS or stock shipped in error by CDSS, the stock must be returned in its original condition within 30 days of the receipt of stock or the date on the notice of obsoletion for credit to be given. Also the stock must have been ordered within 180 days of the return date. Stock returned must be accompanied by a copy of the original GEN 727B order form on which it was ordered so that credit can be given. The amount credited will be based on the unit price of the form at the time of purchase and applied to the current quarter's bill. The shipping costs for return of stock must be paid by the county.

CATEGORIES OF DEPARTMENT DEVELOPED FORMS

The following definitions pertain to the classification of forms listed in this catalog:

Required Form - No Substitute Permitted - Section 23-400.111, Management and Office Procedures - Forms Management

Forms in this category are required and cannot be modified or reconstructed. However, overprinting is permitted.

A form is assigned to this category if: a) the form is legally mandated or federally required; b) uniformity is necessary in the gathering or reporting of data; or c) the form will be used to communicate information between CWDs/agencies and some state or federal agency.

Required Form - Substitute with Prior DSS Approval - Section 23-400.112, Management and Office Procedures - Forms Management

Forms in this category are required forms for which modifications or substitutions with prior California Department of Social Services' approval are permitted. The CWDs/agencies may modify these forms to add or obtain information that does not 1) conflict with program policy/regulations; or 2) change the legal content of the form. Ordinarily, rewording the content of a form in this category will not be approved. However, such suggestions for language improvement will be considered by the Department on future revisions.

A form is assigned to this category if: a) legal or regulatory considerations require only certain content in the form; or b) uniformity is desirable, but variations in CWD/agency systems or demographic characteristics require flexibility so the form will be more useful without the need for supplementary forms.

Recommended Forms - Section 23-400.113, Management and Office Procedures - Forms Management

Forms in this category are recommended forms that CWDs/agencies may modify without prior California Department of Social Services' approval or may opt not to use. A form is assigned to this category if: a) it is used within the internal operation (not for client use) of the CWD/agency with no specific use or reference required by the Department of Social Services; b) it is a referral of verification form used within the CWD/agency not requiring uniformity or specific interagency coordination, and not legally mandated; or c) it is a model or experimental form being tested in CWDs/agencies prior to release for general use.

PROGRAM CONTACT

A program contact is indicated next to each form listed. You should contact that office about questions concerning the use of the form, suggestions for changes and improvements, and approvals of substitute county forms. Send inquiries to the attention of the program contact at:

California Department of Social Services P. O. Box 944243 Sacramento, CA 94244-2430

NOTICE OF FORM CHANGE - GEN 127

The CWD/agencies will be notified about new, revised and obsoleted forms through Form GEN 127, "Notice of Form Change". The notice will contain information about the following:

- Order unit and price;
- Information on whether previous versions can continue to be used or shall be removed from future use;
- Effective dates to use new forms:
- References to manual sections, and All-County correspondence containing instructions and policy about the new form;
- A list of changes to revised forms;
- Obsolete forms, or advance notice of forms to be obsoleted in the future.

CWDs/agencies should use the Notice of Form Change to update their County Forms Catalog.

The notices are numbered in sequence within calendar years (e.g., 95-001). Counties can obtain missing notices by contacting California Department of Social Services Forms Management Unit (916) 657-1907, ATSS 437-1907

UNIT OF ISSUE ABBREVIATIONS

BD - Band PD - Pad
BDL - Bundle SE - Set
CTN - Carton SH - Sheet
EA - Each

PUBLICATIONS

Publications (PUBs) are listed accordingly in the forms catalog and should be ordered on the County Forms Order (GEN 727B).

Requests for other publications such as manuals, manual letters, All-County Letters, and ALL County Information Notices not listed in the catalog should be ordered on GEN 387A, Request for Publications. Requests and inquiries regarding these items should be sent to:

California Department of Social Services Attention: Publication Unit P. O. Box 22429 Sacramento, CA 95822-3799

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

REC= RECOMMENDED FORM AMOUNT PER

FORM NUMBER	TITLE	REQ. RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
AA 18	Requisition	REQ	Fiscal Systems & Accounting Branch	SE	FREE
AA 71	Request For Revolving Fund Check	REQ	н	PD	50 SH FREE
AA 323	Employee Time Report	REQ	*	EA	FREE
AA 571	Hotel/Motel Transient Occupancy Tax Waiver Exemption Certificate For State Agencies	REQ	44	М	MASTER ONLY
AA 572	Request For Higher Lodging Allowance	REQ	#	M	MASTER ONLY
AAP 1 ENG/SP	Request For Adoption Assistance	REC	Adoptions Recruitment & Community Services Bureau	PD	50 SH 3.37 PD
AAP 2	Payment Instructions Adoption Assistance Program	REQ	æ	SE	.11 SE
AAP 3	Recertification Information Adoption Assistance Program	REQ	м	PD	50 SH 2.21 PD
AAP 3 SP	Recertification Information Adoption Assistance Program	REQ	а	PD	25 SH 4.50 PD
AAP 4	Eligibility Certification - Adoption Assistance Program	REQ	#	EA	.07 EA
ABCD 239.7A	Notice of Administrative Disqualification	REQ	Fraud Program Management Bureau	PD	50 SH 2.53 PD
ABCD 239.7A SP	Notice of Administrative Disqualification	REQ	e e	EA	.05 EA
ABCD 253	AFDC-Family Groups And Unemployed Report On Reasons For Discontinuance Of Cash Grant Discontinuance Of Cash Grant	REQ	Information Services Bureau	М	MASTER ONLY
ABCD 255	AFDC-Family Groups And Unemployed Report On Denials And Other Nonapprovals Of Applications For Cash Grant	REQ	4	М	MASTER ONLY
ABCD 257	AFDC Applications Disposition Report	REQ	*	М	MASTER ONLY
ABCD 278L	List Of Authorizations To Start, Change, Or Stop Aid Payments	RSP	Fiscal Policy Bureau	PD	100 SH 4.83 PD
ABCD 278M	Authorization To Start, Change, Or Stop Aid Payments	RSP	Buleau *	PD	50 SH 1.87 PD
ABCD 350	Annual Recipient Report On AFDC, Social Services, Non Assistance Food Stamps, GAIN, and RCA Ethnic Origin And Primary Language	REQ	Information Services Bureau	M	MASTER ONLY
ABCD 351	County Welfare Department UIB/DIB Payment Verification	REQ	AFDC Policy Implementation Bureau	BD	100 BD 3.88 BD
				Andrew (1974)	
	Page 1				

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
AD 831	Private Adoption Agency Cost Justification For Adoptive Placement	REQ	Adoptions Recruitment & Community Services Bureau	М	MASTER ONLY
AD 836	Report Of Physician Attending Birth Of Child Placed For Adoption	REC	L L	М	MASTER ONLY
AD 842	Consent To Adoptive Placement By Alleged Natural Father (Outside California In Armed Forces)	REQ	M	М	MASTER ONLY
AD 857	Consent To Adoption Of Indian Child Parent In California	REQ	4	М	MASTER ONLY
AD 858	Consent To Adoption of Indian Child By Parent(s) In California	RSP		М	MASTER ONLY
AD 859	Consent To Adoption Of Indian Child By Parent(s) Outside California	RSP	4	М	MASTER ONLY
AD 860	Consent To Adoption Of Indian Child By Father Outside California	REQ	M	М	MASTER ONLY
AD 861	Consent To Adoptive Placement Of Indian Child By Alleged Natural Father (In Or Out Of California)	REQ	4	М	MASTER ONLY
AD 862	Relinquishment Of Indian Child By Alleged Natural Father (Out Of State Or Country)	REQ	*	М	MASTER ONLY
AD 863	Relinquishment Of Indian Child (Out Of State)	REQ		М	MASTER ONLY
AD 864	Relinquishment Of Indian Child	REQ	H	PD	50 SH 3.57 PD
AD 865	Relinquishment Of Indian Child (Out Of County)	REQ	*	PD	50 SH 3.61 PD
AD 866	Relinquishment Of Indian Child (To Be Used When Presumed Father Denies He Is The Natural Father)	REQ	н	М	MASTER ONLY
AD 867	Relinquishment Of Indian Child Presumed Father Denies He Is The Birth Father Out of State	REQ	и	М	MASTER ONLY
AD 868	Relinquishment Of Indian Child (Alleged Natural Father In California) (In Or Out Of County)	REQ	N	М	MASTER ONLY
AD 873	Relinquishment Of Indian Child Presumed Father Denies He is Birth Father Out Of County	REQ	ų	М	MASTER ONLY
AD 880	Declaration Of Mother	REQ	н	SE	.16 SE
AD 880 SP	Declaration Of Mother	REC	t t	SE	.28 SE
AD 885	Statement Of Understanding-Relinquishment Adoption Program For Parent Who Gave Physical Custody Of The Child To The Agency	REQ	u	SE	.21 SE
AD 824	Consent And Joinder To Adoption Reimbursement Program	REC	64	PD	50 SH 3.66 PD
AD 831	Private Adoption Agency Cost Justification For Adoptive Placement	REQ	M.	М	MASTER ONLY
AD 836	Report Of Physician Attending Birth Of Child Placed For Adoption	REC	u	м	MASTER ONLY
AD 842	Consent To Adoptive Placement By Alleged Natural Father (Outside California In Armed Forces)	REQ	66	M	MASTER ONLY

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
AD 857	Consent To Adoption Of Indian Child Parent In California	REQ	Adoptions Recruitment & Community Services Bureau	М	MASTER ONLY
AD 858	Consent To Adoption of Indian Child By Parent(s) In California	RSP	*	М	MASTER ONLY
AD 859	Consent To Adoption Of Indian Child By Parent(s) Outside California	RSP	u u	М	MASTER ONLY
AD 860	Consent To Adoption Of Indian Child By Father Outside California	REQ	4	М	MASTER ONLY
AD 861	Consent To Adoptive Placement Of Indian Child By Alleged Natural Father (In Or Out Of California)	REQ	н	М	MASTER ONLY
AD 862	Relinquishment Of Indian Child By Alleged Natural Father (Out Of State Or Country)	REQ	H	М	MASTER ONLY
AD 863	Relinquishment Of Indian Child (Out Of State)	REQ	u	М	MASTER ONLY
AD 864	Relinquishment Of Indian Child	REQ	L L	PD	50 SH 3.57 PD
AD 865	Relinquishment Of Indian Child (Out Of County)	REQ	u u	PD	50 SH 3.61 PD
AD 866	Relinquishment Of Indian Child (To Be Used When Presumed Father Denies He Is The Natural Father)	REQ	M.	М	MASTER ONLY
AD 867	Relinquishment Of Indian Child Presumed Father Denies He Is The Birth Father Out of State	REQ	<u> </u>	М	MASTER ONLY
AD 868	Relinquishment Of Indian Child (Alleged Natural Father In California) (In Or Out Of County)	REQ	J. u	м	MASTER ONLY
AD 873	Relinquishment Of Indian Child Presumed Father Denies He is Birth Father Out Of County	REQ	a.	М	MASTER ONLY
AD 880	Declaration Of Mother	REQ	L.	SE	.16 SE
AD 880 SP	Declaration Of Mother	REC	#	SE	.28 SE
AD 885	Statement Of Understanding-Relinquishment Adoption Program For Parent Who Gave Physical Custody Of The Child To The Agency	REQ	u.	SE	.21 SE .
AD 885 SP	Statement Of Understanding-Relinquishment Adoption Program For Parent Who Gave Physical Custody Of The Child To The Agency	REQ	M	SE	.40 SE
AD 885A	Statement of Understanding-Mother Or A Presumed Father Who Has Been Deprived of Physical Custody Of The Child By Juvenile Court Order And Has Not received Family Maintenance Or Family Reunification Services	REC	4	SE	.32 SE
AD 885A SP	Statement of Understanding-Mother Or A Presumed Father Who Has Been Deprived of Physical Custody Of The Child By Juvenile Court Order And Has Not received Family Maintenance Or Family Reunification Services	REC	«	SE	.36 SE
AD 885B	Statement Of Understanding Agency Adoptions Program	REQ	*	SE	.23 SE
AD 885B SP	Statement of Understanding-Agency Adoptions Program	REQ	u I	SE	.30 SE

?= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
AD 885C	Statement of Understanding Alleged Natural Father Who Relinquishes His Child	REQ	Adoptions Recruitment & Comminty Services Bureau	SE	.28 SE
AD 885C SP	Statement of Understanding Alleged Natural Father Who	REQ	u	SE	.19 S
AD 887	Statement of Understanding-Parent Who Gave Physical Custody Of The Child To Adoptive Parents	REQ	át.	SE	.23 SE
AD 887 SP	Statement of Understanding-Parent Who Gave Physical Custody Of The Child To Adoptive Parents	REQ	*	SE	.23 SE
AD 887A	Statement of Understanding	REQ		SE	.22 SE
AD 887A SP	Statement Of Understanding-Parent Who Did Not Give Physical Custody Of The Child To The Adoptive Parents	REQ	L.	SE	.21 SE
AD 887B	Statement Of Understanding Independent Adoption Program Alleged Natural Father	REQ	и	SE	.24 SE
AD 887B SP	Statement of Understanding-Independent Adoption Program Alleged Natural Father	REQ	4	SE	.30 SE
AD 899	Statement of Understanding-Relinquishment Statement Of Understanding For The Parent Of An Indian Child	REQ	u	SE	.34 SE
AD 899A	Statement of Understanding-Mother Or Presumed Father Who Has Been Deprived Of Physical Custody	REC	u	SE	.36 SE
AD 899B	Statement Of Understanding For The Parent Of An Indian Child Relinquishment Adoption Program	REC	н	SE	.29 SE
AD 899C	Statement Of Understanding-Alleged Natural Father Who Relinquishes His Child And Whose Child Is Subject To The Indian Child Welfare Act	REQ	**	SE	.33 SE
AD 900	Statement of Understanding Independent Adoptions Program Parent Who Gave Physical Custody Of The Indian Child To The Adoptive Parent	REQ	M	SE	.26 SE
AD 900A	Statement Of Understanding-Parent Who Did Not Give Physical Custody Of RThe Indian Child To The Adoptive Parents	REQ	#	SE	.38 SE
AD 900B	Statement of Understanding For The Alleged Natural Father Of An Indian Child	REQ	и	SE	.32 SE
AD 904	Consent for Contact	REQ	u	PĎ	50 SH 3.18 PD
AD 904 SP	Consent for Contact	REQ	и	М	MASTER ONLY
AD 904A	Waiver Of Rights To Confidentiality Of Adoption Records For Siblings	REQ	ú.	PD	50 SH 3.48 PD
AD 907	Adoptive Placement Agreement	REQ	м	PD	50 SH 1.67 PD
AD 907 SP	Adoptive Placement Agreement	REQ	м	М	MASTER ONLY
AD 908 ENG/SP	Adoptions Information Act Statement	REC	#	EA	.02 EA

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
AD 909	Photo Listing Data Sheet	RSP	Adoptions Recruitment & Community Services Bureau	EA	.05 EA
AD 914	Nonrecurring Adoption Expense Reimbursement Program Claim Information	REC	ad and a second	PD	50 SH FREE
AD 917	Adoption Information Sheet	REC	4	SE	FREE
AD 918	Adoption Questionnaire II	REC	ā.	SE	FREE
AD 918 SP	Adoption Questionnaire II	REC	44	SE	FREE
AD 920 ENG/SP	Relinquishment (Alleged Natural Father in California)	REC	14	PD	50 SH 2.78 PD
AD 921 ENG/SP	Relinquishment (Birth Mother and/or Presumed Father)	RSP	ti d	PD	50 SH FREE
AD 922 ENG/SP	Relinquishment Addendum	REC	££	EA	.05 EA
AD 923	Adoption's Postcard	REC	35	EA	FREE
AD 924	Independent Adoption Placement Agreement	REQ	u	PD	50 SH 3.78 PD
AD 925	Independent Adoption Placement Agreement (Indian Child)	REQ	hí	PD	50 SH 4.71 PD
AD 926	Statement of Understanding Independent Adoption Program Parent Who Places The Child With The Adoptive Parents	REQ	44	SE	.27 SE
AD 926 SP	Statement of Understanding Independent Adoption Program Parent Who Places The Child With The Adoptive Parents	REQ	siz.	SE	.24 SE
AD 927	Statement of Understanding Independent Adoption Program	REQ	44	SE	.32 SE
AD 928	Consent Revocation - Independent Adoption Program	REQ	u	M	MASTER ONLY
AD 929	Waiver Of Rights To Revoke Consent Independent Adoption Program	REQ	EF	PD	50 SH 3.42 PD
AD 929 SP	Waiver Of Right To Revoke Consent Independent Adoption Program	REQ	lı .	PD	50 SH 3.42 PD
AD 930	Independent Adoption Placement Agreement Transmittal	REQ	u	PD	50 SH 5.08 PD
AD 4310 ENG/SP	Adoption Programs Notice Required By Information Practices Act	REQ	FI	PD	50 SH FREE
AD 4311	Information On American Indian Child (Adoption Program)	REQ	и	PD	50 SH 3.19 PD
AD 4312	7017(c) Court Report Guide	REC	44	M	MASTER ONLY
AD 4313	Letter Requesting Parent To Be Interviewed	REC	ħ	EA	FREE
AD 4317	Revocation Of Relinquishment	REQ		М	MASTER ONLY
			NATION AND ASSESSMENT		

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
AD 4320 ENG/SP	Adoption Assistance Agreement	REQ	Adoptions Recruitment & Community Services Bureau	PD	50 SH 2.23 PD
AD 4324	Adoption Questionnaire I	REC		SE	.28 SE
AD 4324 SP	Adoption Questionnaire I	REC	μ.	М	MASTER ONLY
AD 4328	Authorization For Release Of Personal Items	REC	44	PD	50 SH 4.58 PD
AFDC 94.91t	Notice Of Action - MAP Reduction Only	RSP	AFDC Policy Implementation Bureau	М	MASTER ONLY
AFDC 94.91t SP	Notice Of Action - MAP Reduction Only	RSP	44	М	MASTER ONLY
AFDC 94.92t	Notice Of Action - Action Includes MAP Reduction	RSP	»	М	MASTER ONLY
AFDC 94.92t SP	Notice Of Action - Action Includes MAP Reduction	RSP	м	М	MASTER ONLY
AFDC 94.93t	Notice Of Action - Action Includes MAP & Pregnancy Special Need Reductions	RSP	u	М	MASTER ONLY
AFDC 94.93t SP	Notice Of Action - Action Includes MAP & Pregnancy Special Need Reductions	RSP	4	М	MASTER ONLY
AGO 107 PART I	Confidential Paternity Questionnaire-Part I	REQ	Child Support Management Bureau	PD	100 SH 2.97 PD
AGO 107 PART I	Confidential Paternity Questionnaire Part I	REQ	4	PD	100 SH 2.84 PD
AGO 107 PART II	Confidential Paternity Questionnaire Part II	REQ	н	PD	100 SH 4.39 PD
AGO 107 PART II SP	Department Of Justice Confidential Paternity Questionnaire-Part II	REQ	*	PD	100 SH 4.64 PD
AGO 107 PART III	Confidential Paternity Questionnaire Part III	REQ	44	PD	100 SH 4.47 PD
AGO 107 PART III SP	Confidential Paternity Questionnaire Part III	REQ	46	₽D	100 SH 4.76 PD
BID 7A	Fingerprint Card (County Use)	REQ	Community Care Licensing Program Development Bureau	EA	FREE
BC CA 8	Statement of Facts For Additional Persons	REC	AFDC Policy Implementation Bureau	SE	.05 SE
BC CA 8 SP	Statement Of Facts For Additional Persons	REC	#	SE	.08 SE
BC CA 30	AFDC Budget Worksheet	RSP	₩	PD	100 SH 1.81 PD

REQUIRED FORM SUBSTITUTE REC= RECOMMENDED RSP= REQUIRED FORM NO **FORM** CHANGE PERMITTED WITH PRIOR DSS APPROVAL AMOUNT PER ORDER UNIT **PROGRAM** ORDER TITLE REQ **FORM** only
100/50 SH per PD
or BD unless
otherwise specified **RSP** CONTACT UNIT NUMBER REC REQ AFDC Policy SE .09 SE BC JA 2 Statement Of Facts Cash Aid And Food Stamps Implementation Bureau REQ SE .10 SE BC JA 2 SP Statement Of Facts Cash Aid Food Stamps PD **RSP** Child 100 SH Child/Spousal And Medical Support Notice And Agreement **CA 2.1NA** Support 1.87 PD Management Bureau REQ PD 100 SH CA 2.1NA SP Child/Spousal And Medical Support Notice And Agreement 2.13 PD REQ SE .07 SE CA 2.1Q Child Support Questionnaire REQ SE .05 SE **CA 2.1Q SP** Child Support Questionnaire AFDC Policy RSP SE .08 SE CA 4 Immediate Need Payment Request Implementation Bureau RSP SE .06 SE CA 4 SP Immediate Need Payment Request REQ SE .12 SE CA 5 Veterans' Benefits Verification And Referral CA 7 Monthly Eligibility Report REQ PD 100 SH 1.92 PD REQ PD 100 SH CA 7 SP Monthly Eligibility Report 3.13 PD Important Information About Your Monthly Report Form (CA 7) REC Μ MASTER ONLY CA 7A REC MASTER ONLY CA 7A SP Important Information About Your Report Form (CA 7) М Statement Of Facts To Add A Child(ren) Under 16 Years REC M MASTER ONLY CA 8A REC MASTER ONLY CA 8A SP Statement Of Facts To Add A Child(ren) Under 16 Years М SE .05 SE RSP **CA 10** Notice Of Withdrawn Application RSP SE 08 SE **CA 10 SP** Notice Of Withdrawn Application MASTER ONLY RSP M **CA 13** Caretaker Relative Agreement **CA 13 SP** Caretaker Relative Agreement **RSP** М MASTER ONLY **CA 20** Important Facts For Recipients of Cash Aid REQ SE .19 SE **CA 20 SP** Important Facts For Recipients of Cash Aid REQ SE .31 SE REQ М MASTER ONLY CA 22 Sponsor's Statement Of Facts, Income and Resources, Cash Aid And/Or Food Stamps REQ М MASTER ONLY **CA 22 SP** Sponsor's Statement Of Facts, Income and Resources, Cash Aid And/Or Food Stamps RSP М MASTER ONLY Supplemental Statement Of Facts Senior Parent/Legal Guardian **CA 23**

Supplemental Statement Of Facts Senior Parent/Legal Guardian

CA 23 SP

REQ

MASTER ONLY

М

P= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
CA 24	Sponsoring Agency Or Organization's Statement Of Facts Regarding Ability To Meet The Alien's Needs	REQ	AFDC Policy Implementation Bureau	М	MASTER ONLY
CA 24 SP	Sponsoring Agency Or Organization's Statement Of Facts Regarding Ability To Meet The Alien's Needs	REQ	u	M	MASTER ONLY
CA 30A	Work Supplementation Program (WSP) Budget Worksheet	RSP	u	M	MASTER ONLY
CA 31	Receipt For Documents	REC	u	PD	100 SH FREE
CA 40	AFDC-Reduced Income Supplemental Payment Request	REQ	, su	PD	100 SH 2.55 PD
CA 40 SP	AFDC-Reduced Income Supplemental Payment Request	REQ	su .	PD	50 SH 3.20 PD
CA 40 SAWS	AFDC - Reduced Income Supplemental Payment Request	REQ		M :	MASTER ONLY
CA 40 SAWS SP	AFDC - Reduced Income Supplemental Payment Request M	REQ	<u>"</u>	М	MASTER ONLY
CA 41	Lump Sum Request/Certification Form	REQ	и	EA	.03 EA
CA 41 SP	Lump Sum Request/Certification Form	REQ	B	EA	.04 EA
CA 42	Statement Of Facts-Homeless Assistance	RSP	u	SE	.06 SE
CA 42 SP	Statement Of Facts-Homeless Assistance	RSP	w	SE	.14 SE
CA 43	Applicant Choice Form Immediate Need Payment/Expedited Grant	RSP	4	SE	.10 SE
CA 43 SP	Applicant Choice Form Immediate Need Payment/Expedited Grant	RSP	щ	SE	.10 SE
CA 51 BI	Child Support-Good Cause For Nencooperation	REQ	4	SE	.10 SE
CA 61	Medical Report Aid To Families With Dependent Children (AFDC)	REQ	H	SE	.08 SE
CA 63	Income And Eligibility Verification Form	REC	u	М	MASTER ONLY
CA 63 SP	Income And Eligibility Verification Form	REC	"	M	MASTER ONLY
CA 64	Statement Of Citizenship/Alien Status	RSP	11	PD	100 SH 2.46 PD
CA 64 SP	Statement Of Citizenship/Alien Status	RSP	4	PD	100 SH 2.17 PD
CA 71	Statements Of AFDC Mother And Unrelated Adult Male	RSP	LL CONTRACTOR CONTRACT	PD	100 SH 5.91 PD
CA 71 SP	Statement Of AFDC Mother And Unrelated Adult Male	RSP	44	PD	100 SH 5.92 PD
CA 72	Sponsor's Monthly Income And Resources Report	REQ	и	PD .	50 SH 2.96 PD
CA 72 SP	Sponsor's Monthly Income And Resources Report	REQ	44	PD	50 SH 3.06 PD

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
CA 72 SAWS	Sponsor's Monthly Income And Resources Report	REQ	AFDC Policy Implementation Bureau	М	MASTER ONLY
CA 72 SAWS SP	Sponsor's Monthly Income And Resources Report	REQ	u	М	MASTER ONLY
CA 73	Supplemental Monthly Income Report Senior Parent/Legal Guardian	REQ	4	М	MASTER ONLY
CA 73 SP	Supplemental Monthly Income Report Senior Parent/Legal Guardian	REQ	и	М	MASTER ONLY
CA 73 SAWS	Supplemental Monthly Income Report	RSP	н	м	MASTER ONLY
CA 73 SAWS SP	Supplemental Monthly Income Report	RSP	*	M	MASTER ONLY
CA 74	Permanent Housing Search Document	REC	u	М	MASTER ONLY
CA 74 SP	Permanent Housing Search Document	REC	l l	М	MASTER ONLY
CA 81	Lien Agreement	REQ	N	М	MASTER ONLY
CA 81 SP	Lien Agreement	REQ	41	М	MASTER ONLY
CA 82	Agreement To Sell Property	REQ	44	М	MASTER ONLY
CA 82 SP	Agreement To Sell Property	REQ	u	М	MASTER ONLY
CA 84	Money Management-Monthly Budget Worksheet	REC	н	М	MASTER ONLY
CA 84 SP	Money Management-Monthly Budget	REC	H	M	MASTER ONLY
CA 84A	Money Management Information-General	RSP	u	SE	.06 SE
CA 84A SP	Money Management Information-General	RSP	и	SE	.08 SE
CA 86	Agreement - Restricted Account, AFDC Program	RSP	M.	М	MASTER ONLY
CA 86 SP	Agreement - Restricted Account, AFDC Program	RSP	44	м	MASTER ONLY
CA 87	Reinforming Letter/Add Person(s)	REC	u	М	MASTER ONLY
CA 87 SP	Reinforming Letter/Add A Person(s)	REC	u	м	MASTER ONLY
CA 215	Notification of Intercounty Transfer	REQ	4	м	MASTER ONLY
CA 237FC	Aid To Families With Dependent Children - Foster Care (FC) Caseload Movement And Expenditures Report	REQ	Information Services Bureau	EA	FREE
CA 237FGU	Aid To Families With Dependent Children-Cash Grant Caseload Movement And Expenditures Report	REQ	ui.	PD	50 SH FREE
CA 237HA	Aid To Families With Dependent Children-Homeless Assistance Program Monthly Statistical Report	REQ		М	MASTER ONLY
CA 237TCC	Transitional Child Care (TCC) Monthly Caseload Report	REQ		M	MASTER ONLY
CA 331/333	Notice Of Status Change	RSP	Employment Program Bureau	М	MASTER ONLY

REQ= REQUIRED FORM NO PSP= REG CHANGE PERMITTED WIT

PSP= REQUIRED FORM SUBSTITUTE. WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
CA 371	Referral To District Attorney For Action On AFDC Absent Parent	REQ	AFDC Policy Implementation Bureau	SE	.06 SE
CA 800 EA	Summary Report Of Assistance Expenditures Emergency Assistance Foster Care	REQ	Information Services Bureau	PD	50 SH FREE
CA 800 FED- VOLUNTARY FC	Summary Report Of Assistance Expenditures Federal Children In Voluntary Foster Care	REQ	Fiscal Policy Bureau	M	MASTER ONLY
CA 800 FEDERAL	Summary Report Of Assistance Expenditures Aid To Families With Dependent Children Federal	REQ	V	PD	50 SH FREE
CA 800 STATE	Summary Report Of Assistance Expenditures Aid To Families With Dependent Children State-Only	REQ	Information Services Bureau	PD	50 SH FREE
CA 800 AFC NONFED	Summary Report of Assistance Expenditures-Nonfederal Children In Foster Care	REQ	Fiscal Policy Bureau	М	MASTER ONLY
CA 800FC FED	Summary Report Of Assistance Expenditures Federal Children In Foster Care	REQ	d	M	MASTER ONLY FREE
CA 800FC1 FED	Foster Care Facility Expenditure Statement Amounts Not Reimbursable From Federal Funds	REQ	M	PD	50 SH FREE
CA 800FC2 FED	Foster Care Facility Expenditure Statement Amounts Not Reimbursable From State Funds	REC	ee	М	MASTER ONLY
CA 800GD	Grant Diversion Summary Report Of Employer Payments	REQ	42	М	MASTER ONLY
CA 800RDP	Summary Report Of Assistance Expenditures Refugee Demonstration Project (RDP)	REQ	ы	М	MASTER ONLY
CA 801GD	Grant Diversion Wage Pool Financial Report	REQ	44	М	MASTER ONLY
CA 802	Statistical Report On AFDC FG/U Recipients Aged 5-7 Needed To Implement The Education Consolidation and Improvement Act Of 1981	REQ	Information Services Bureau	М	MASTER ONLY
CA 803	Statistics On Children In Foster Family Homes Needed To Implement the Education Consolidation an Improvement Act of AFDC	REQ	ч	М	MASTER ONLY
CA 812	Quarterly Report Of Overpayments And Collections	REQ	a	М	MASTER ONLY
CA 1015	Education Consolidation And Improvement Act Of 1981	REQ		М	MASTER ONLY
CA 1019	Summary Report Of Expenditures For - Seriously Emotionally Disturbed Children	REQ	a	M	MASTER ONLY FREE
CA 1019EA SED	Summary Report Of Emergency Assistance Expenditures For Seriously Emotionally Disturbed Children (SED)	REC	u	М	MASTER ONLY

REQ= REQUIRED FORM NO RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

CHANGE PEHMITED WITH PAION DES AFFROYAL					AMOUNT PER ORDER UNIT
FORM NUMBER	TITLE	REQ RSP REC	PROGRAM	ORDER UNIT	only 100/50 SH per PD or BD unless otherwise specified
CA 1030	Important Information-Aid To Families With Dependent Children (AFDC)	RSP	AFDC Policy Implementation Bureau	PD	100 SH FREE
CA 1030 SP	Important Information-Aid To Families With Dependent Children (AFDC)	RSP	u	PD	100 SH FREE
CA 1031 ENG/SP	Work Pays! Get Cash Back From The IRS (Earned Income Credit Informational Stuffer)	REC	и	М	MASTER ONLY
CAAP 100 ENG/SP	California Alternative Assistance Program (CAAP) Information	REQ	Employment Program Bureau	М	MASTER ONLY
CAAP 101 ENG/SP	Agreement - Calfiornia Alternative Assistance Program (CAAP)	REQ	и	М	MASTER ONLY
CAS 859	Natural Parent Worksheet	REC	Child Support Management Bureau	PD	50 SH FREE
CL 1 ENG/SP	Cal Learn Registration Program Information Orientation Appointmen	t RSP	Employment Program Bureau	М	MASTER ONLY
CL 2 ENG/SP	Cal Learn Program Requirements	RSP	M	М	MASTER ONLY
CL 3 ENG/SP	Cal Learn Notice Of A Participation Problem	RSP	tt.	М	MASTER ONLY
CL 4 ENG/SP	Cal Learn Informing Notice To Parent/Legal Guardian Of Cal Learn Participant	RSP	и	М	MASTER ONLY
CL 5 ENG/SP	Cal Learn Supportive Services Overpayment Notice	RSP	u	М	MASTER ONLY
CL 6 ENG/SP	Cal Learn Supportive Services Repayment Agreement	RSP		М	MASTER ONLY
CL 7 ENG/SP	Cal Learn Supportive Services Overpayment Final Notice	RSP	16	M	MASTER ONLY
CL 8 ENG/SP	Cal Learn Notice Of Report Card Submittal Schedule	RSP	H	М	MASTER ONLY
CL 9 ENG/SP	Cal Learn Notice Of No Good Cause Determination	RSP	¥	М	MASTER ONLY
CL 10 ENG/SP	Cal Learn Notice Of Exemption/Deferral	RSP	e e	М	MASTER ONLY
CL 11 ENG/SP	CAL-LEARN Notice of Incomplete Grades	RSP	1	М	MASTER ONLY
CL 12 ENG/SP	Request For Cal-Learn Childcare Payment	RSP	H	М	MASTER ONLY
CS 196	Child Support Enforcement Program Notice	REQ	Child Support Management Bureau	PD	100 SH FREE
CS 196 SP	Child Support Enforcement Program Notice	REC	44 44	PD	100 SH FREE
CS 278L	Child And Spousal Support Case History And List Of Authorizations	RSP	44	PD	100 SH 2.89 PD
CS 278M	Child And Spousal Support Transmittal/Action Document	RSP	ft	PD	100 SH 2.98 PD

REC= RECOMMENDED

FORM

PE REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
CS 355	District Attorney Employee's Child Support Time Study For IV-D Functions	RSP	Child Support Program Management Bureau	PD	50 SH FREE
CS 356.1	IV-D Child Support Expenditure Schedule And Certification	RSP	4	EA	FREE
CS 356.2	IV-D Child Support Expenditure Schedule And Certification	RSP	4	EA	FREE
CS 356.3	IV-D Child Support Time Summary And Activity Allocation Ratios	RSP	*	EA	FREE
CS 356.4	IV-D Child Support Program Distribution Total Allocable Costs	RSP	ı.	EA	FREE
CS 356.5	IV-D Child Support Program Distribution Direct Costs (Excluding Lab costs)	RSP	М	EA	FREE
CS 356.6	IV-D Child Support Program Distribution Total Allocable And Direct Costs (Excluding Lab costs)	RSP		EA	FREE
CS 356.7	IV-D Child Support Program Distribution Report Of Total Expenditures	RSP	м	EA	FREE
CS 356.8	IV-D Child Support Program - Personal Services	RSP	и	EA	FREE
CS 357	Group A Individual Employee Worksheet Local IV-D Agency Direct Costs	RSP	4	EA	FREE
CS 800	Summary Report Of Child And Spousal Support Payments FREE	RSP	#	PD	50 SH
CS 801	Child And Spousal Support Payroll Form For Collections And Disbursement	RSP	м	PD	100 SH FREE
CS 801A	Summary CS 800 Reconciliation-Intracounty/Interstate	REC	*	EA	FREE
CS 801B	Intercounty Summary CS 800 Reconciliation	REC	*	EA	FREE
CS 810	Summary Report of Health Insurance Obtained - Non-AFDC	RSP	44	EA	FREE
CS 811	Monthly Report Of Health Insurance Identified	RSP	n	EA	FREE
CS 820	Child/Spousal/Medical Support Collections Summary Report	RSP	μ.	EA	FREE
CS 821	Support Collection Report	REC	и	EA	FREE
CS 822	Summary CS 820 Reconciliation Statement	REC	ц	EA	FREE
CS 825A	Child Support Enforcement Activities Monthly Accounts Receivable Report	REQ	*	EA	FREE
CS 825B	Child Support Enforcement Activities Annual Point In Time Report Of Courts	REQ	М	EA	FREE
CS 831	Collection Agency-Accounts Receivable	RSP	u.	M	MASTER ONLY
CS 850	Monthly Report On Paternities Established (Source: CS 850)	REQ	Information Services Bureau	SE	FREE
CS 850A	Monthly Statistical Report On Child Support Enforcement Activities	REQ	41	SE	FREE

***************************************	TITLE	REQ	PROGRAM	ORDER	AMOUNT PER ORDER UNIT
FORM NUMBER	11145	RSP REC	CONTACT	UNIT	only 100/50 SH per PD or BD unless otherwise specified
CS 858	Important Information Regarding The Establishment Of Paternity	REQ	Child Support Management Bureau	PD	100 SH 6.83 PD
CS 858 SP	Important Information Concerning The Establishment Of Paternity	REQ		М	MASTER ONLY
CS 864	Request For Administrative Review	REQ	н	М	MASTER ONLY
CAS 867	Relinquishment Of Indian Child (alleged natural father in California) (in or out of county)	REQ	M	PD	25 SH FREE
CS 870	Attestation Statement	REQ	u.	₽D	100 SH 2.94 PD
CS 870 SP	Attestation Statement	REQ	u	М	MASTER ONLY
CS 871	Child Support Intercept - County Transaction Document	RSP	44	PD	50 SH FREE
CS 872	Child Support Intercept System Transmittal	REC	W	PD	50 SH FREE
CS 876	Collection And Distribution Worksheet #1	REQ	4	М	MASTER ONLY
CS 876 A	Collection And Distribution Worksheet #2	REQ	<u>.</u>	м	MASTER ONLY
CS 876 B	Collection And Distribution Worksheet #3	REQ	ú	М	MASTER ONLY
CS 876 C	Collection and Distribution Worksheet \$4	REQ	×	М	MASTER ONLY
CS 876 D	Collection And Distribution Worksheet \$5	REQ	u	М	MASTER ONLY
CS 876 E	Collection And Distribution Worksheet #6	REQ	4	М	MASTER ONLY
CS 877	Child Support Case Data Key Entry	REQ	<u>u</u>	М	MASTER ONLY
CS 878	Child Support Case Listing Transmittal	REQ	ų	м	MASTER ONLY
CS 880	Quarterly Statement Of Collections And Distribution	REQ	M	EA	FREE
CS 880 SP	Quarterly Statement Of Collections And Distributions	REQ	u	М	MASTER ONLY
CS 883	Child Support Credit Reporting System Transaction Document	REQ	t t	М	MASTER ONLY
CS 884	Child Support Credit Reporting Transmittal	REQ	ĸ	М	MASTER ONLY
CS 885	Request For Investment Funds Certification	REQ	*	М	MASTER ONLY
CS 886	Request For Investment Funds Worksheet	REQ	a	М	MASTER ONLY
CS 887	State Licensing Match System Request For Review	REQ	1	М	MASTER ONLY
CS 888	State Licensing Match System Release Form	REQ	M .	PD	100 SH FREE
CS 889	Worksheet For Calculating Excess Incentive SFY 1990/91	REC	u L	М	MASTER ONLY
CS 890	Worksheet For Calculations Excess Incentives SFY 1991/92	REC	4	М	MASTER ONLY
CS 891	Worksheet For Calculating Excess Incentives SFY 1992/93	REC	<u>u</u>	М	MASTER ONLY
CS 892	Intercase County Transfer Notification	RSP	•	М	MASTER ONLY
CS 892A	Case Transfer Caselist	RSP	u	М	MASTER ONLY
			1	!	l

= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

NUMBER	TITLE	REQ RSP REC	PROGRAM	ORDER UNIT	ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
CS 893	This Notice Has Important Information About Child Support That Has Been Collected - Please Read It Carefully	REQ	Child Support Support Management Bureau	EA	FREE
CS 893 SP	This Notice Has Important Information About Child Support That Has Been Collected - Please Read It Carefully	REQ	# ##	М	MASTER ONLY
	Request For Further Review To The California Department Of Social Services	RSP	*	М	MASTER ONLY
CS 895	CDSS Written Decision-Barnes Special Notice Appeals	RSP	М	М	MASTER ONLY
CS 899	County Acknowledgment Of Receipt Of Formal Complaint	RSP		М	MASTER ONLY
CS 899 SP	County Acknowledgment Of Receipt Of Formal Complaint	RSP		М	MASTER ONLY
CS 900	County Written Response To Complaint	RSP	4	М	MASTER ONLY
CS 900 SP	County Written Response To Complaint	RSP	ik	М	MASTER ONLY
CS 901	Formal Complaint Form (To Be Used In Filing A Complaint With The District Attorney)	RSP	u 	М	MASTER ONLY
	Formal Complaint Form (To Be Used In Filing A Complaint With The District Attorney)	RSP	u 	М	MASTER ONLY
CS 902	Counties Final Written Decision	RSP	*	M	MASTER ONLY
CS 902 SP	Counties Final Written Decision	RSP	4	М	MASTER ONLY
	County Notice About Delayed Decision Or Complaint Transferred To Another County	RSP	u	М	MASTER ONLY
	County Notice About Delayed Decision Or Complaint Transferred To Another County	RSP	4	М	MASTER ONLY
CS 904	County Notice About Problem With Complaint	RSP	44	М	MASTER ONLY
CS 904 SP	County Notice About Problem With Complaint	RSP	*	М	MASTER ONLY
CS 905	County Notice Of Incomplete Complaint	RSP	ı u	М	MASTER ONLY
CS 905 SP	County Notice Of Incomplete Complaint	RSP	<u>"</u>	M	MASTER ONLY
1	Paternity Opportunity Program Paternity Declaration - Instructions for Completion (This Form Is To Be Completed By Unmarried Parents Only)	REQ	4	SE	FREE
	Paternity Opportunity Program Paternity Declaration - Instructions for Completion (This Form Is To Be Completed By Unmarried Parents Only)	REQ	и	SE	FREE
CS 910 ENG/SP	How a Declaration of Paternity Can Help You and Your New Baby	REQ	4	EA	FREE
DE 3000	Unemployment Insurance Benefit (UIB) Computer Slide	REC	AFDC Policy Implementation Bureau	EA	.30 EA
DE 3000A	Unemployment Insurance Benefit (UIB) Computer Sleeve	REC	•	EA	1.76 EA

CHANGE	PERMITTED WITH PRIOR DSS APPROVA	Ļ		FOR	V1
FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
DE 8720	EDD-Request For Information	REQ	Fraud Program Management Bureau	EA	FREE
DFA 1	Special Time Reporting - Elegibility Nonservice	REQ	Information Services Bureau	М	MASTER ONLY
DFA 7	Support Staff Time Report	REQ	Fiscal Policy Bureau	М	MASTER ONLY
DFA 7A	Support Staff Summary	REQ	Œ	М	MASTER ONLY
DFA 7B	Support Staff Salary Distribution To Program	REQ	u	М	MASTER ONLY
DFA 10	Generic Time Study Caseworker/EDP/Staff Development	REQ	H	М	MASTER ONLY
DFA 47	Social Services Time Study Summary	REQ	#	М	MASTER ONLY
DFA 53	Employment Services Time Study Summary	REQ	**	М	MASTER ONLY
DFA 256	Participation And Coupon Issuance Report - Food Stamp Program	REQ	4	SE	.12 SE
DFA 280	Homeless Meal Providers Certification	REC	AFDC Policy Implementation Bureau	М	MASTER ONLY
DFA 285-A1	Application For Food Stamps-Part 1	REQ	Food Stamp Program Bureau	PD	100 SH 1.85 PD
DFA 285-A1 SP	Application For Food Stamps - PART 1	REQ	54	PD	50 SH 1.86 PD
DFA 285-A2	Application For Food Stamps-Part 2	REQ	44	SE	.08 SE
DFA 285-A2 SP	Application For Food Stamps - PART 2	REQ		SE	.08 SE
DFA 285-A3	Important Facts for Food Stamp Applicants	REQ	Œ	SE	.06 SE
DFA 285-A3 SP	Important Facts For Food Stamp Applicants	REQ	и	SE	.06 SE
DFA 285.1	Income From Farm Operations And Other Self-Employment Sheet	REQ	u	PD	100 SH 1.85 PD
DFA 285.1 SP	Income From Farm Operations And Other Self-Employment Sheet	REQ	н	М	MASTER ONLY
DFA 285B	Food Stamp Budget Worksheet	RSP	N	PD	100 SH 2.12 PD
DFA 285C	Food Stamp Supplemental Application For Special Medical Deductions	REQ	*	PD	100 SH 5.94 PD
DFA 285C SP	Supplemental Application For Special Medical Deductions	REQ	64	PD .	50 SH 5.85 PD
DFA 285D	Food Stamp Budget Worksheet	RSP	u	PD	100 SH 5.91 PD
DFA 286	Household Issuance Record (HIR Card)	RSP	la la	EA	.07 EA

REQ= REQUIRED FORM NO CHANGE PERMITTED REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
DFA 287	Food Stamp Program Identification Card	RSP	Food Stamp Program Bureau	EA	.03 EA
DFA 288	Notice Of Change To Authorization To Participate Master File Or Household Issuance Record	RSP	4	PD	100 SH 3.76 PD
DFA 289	Food Stamp Program Receptionist's Daily Tally Sheet	RSP	4	M	MASTER ONLY
DFA 290	Food Coupon Book Issuance Register	RSP	"	PD	100 SH 4.24 PD
DFA 293	Cashier's Daily Report	RSP	и	PD	100 SH 5.33 PD
DFA 293.1	Summary Of Daily Reports	RSP	и	PD	100 SH 2.93 PD
DFA 296	Food Stamp Program Monthly Caseload Movement Statistical Report	REQ	Fiscal Policy Bureau	М	MASTER ONLY
DFA 296X	Food Stamp Program Expedited Service Quarterly Statistical Report	REQ	<u>.</u>	M	MASTER ONLY
DFA 299	Authorization To Participate Card	REQ	Food Stamp Program Bureau	EA	.01 EA
DFA 300	Food Stamps Mail Issuance Log	RSP	14	М	MASTER ONLY
DFA 301	Mail Issuance Request	RSP	b#	PD	50 SH 1.61 PD
DFA 301 SP	Mail Issuance Request	ASP	44	PD	50 SH 1.11 PD
DFA 303	Replacement Affidavit/Authorization	RSP	44	PD	100 SH 3.79 PD
DFA 303 SP	Replacement Affidavit/Authorization	RSP	п	М	MASTER ONLY
DFA 323	Eligibility Time Study Summary	REQ	Fiscal Policy Bureau	M	MASTER ONLY
DFA 325.1	County Administrative Expense Claim-Expenditure Schedule	REQ	u	М	MASTER ONLY
DFA 325.1A	County Administrative Expense Claim - EDP Cost Detail Schedule	REQ	и	М	MASTER ONLY
DFA 325.1AA	County Administrative Expense Claim EDP Program Input Schedule	REQ	н	M	MASTER ONLY
DFA 325.1B	County Administrative Expense Claim - Direct Cost Input Schedule	REQ	и	М	MASTER ONLY
DFA 325.1C	County Administrative Expense Claim - Staff Development	REQ	15	М	MASTER ONLY
DFA 325,1E	Direct-To-Program Support Staff Salary Input	REQ	"	М	MASTER ONLY
DFA 325.5	Expenditure Certification For Welfare Administrative Expense Claims	REQ	н	М	MASTER ONLY
DFA 332.1	Verification Of Food Stamp ATP Usage	REC	Food Stamp Program Bureau	PD	100 SH 3.17 PD
		A Company of the Comp			

CHANGE PERMITTED WITH PRIOR DSS APPROVI		L		FORM	
FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
DFA 327.1A	County Administrative Expense Claim Allocation Of Casework Salary Costs And Allocable Support Staff And Operating Costs	REQ	Fiscal Policy Bureau	М	MASTER ONLY
DFA 327.1B	County Administrative Expense Claim Allocation Of Casework Salary Costs And Allocable Support Staff And Operating Costs	REQ		М	MASTER ONLY
DFA 327.1C	County Administrative Expense Claim Allocation Of Casework Salary Costs And Allocable Support Staff And Operating Costs	REQ	u	М	MASTER ONLY
DFA 327.1D	County Administrative Expense Claim Allocations Of Casework Salary Costs And Allocable Support Staff And Operating Costs	REQ	4	М	MASTER ONLY
DFA 327.2A	County Administrative Expense Claim Allocation Of EDP Costs	REQ	44	М	MASTER ONLY
DFA 327,2B	County Administrative Expense Claim Allocation Of EDP Costs (Non-SAWS)	REQ	45	М	MASTER ONLY
DFA 327.2D	County Administrative Expense Claim Allocation Of EDP Costs (SAWS) Cost Distribution	REQ	M	M	MASTER ONLY
DFA 327.3A	County Administrative Expense Claim-Social Services Cost Summary	REQ	#	М	MASTER ONLY
DFA 327.3B	County Administrative Expense Claim Eligibility Cost Summary And Non-Fed Modification	REQ	K	М	MASTER ONLY
DFA 327.3C	County Administrative Expense Claim Welfare Fraud Cost Summary And AFDC/FS Modification	REQ	65	М	MASTER ONLY
DFA 327.3D	County Administrative Expense Claim Employment Services Cost Summary And Non-Fed Modification	REQ	e e	М	MASTER ONLY
DFA 327.4A	County Administrative Expense Claim Staff Development Cost Summary And Funding-Social Services	REQ	44	М	MASTER ONLY
DFA 327.4B	County Administrative Expense Claim Staff Development Cost Summary And Funding-Eligibility And Welfare Fraud	REQ	H	М	MASTER ONLY
DFA 327.4D	County Administrative Expense Claim Staff Development Cost Summary And Funding-Employment Services	REQ	ы	М	MASTER ONLY
DFA 327.5A	County Administrative Expense Claim Funding-Social Services	REQ	ul	M	MASTER ONLY
DFA 327.5B	County Administrative Expense Claim Funding-Eligibility And Welfare Fraud	REQ	.11	М	MASTER ONLY
DFA 327.5D	County Administrative Expense Claim Funding - Employment	REQ	u	М	MASTER ONLY
DFA 358	Food Stamp Program Participants By Ethnic Group Participation	REQ	Information Services Bureau	М	MASTER ONLY
DFA 377.1	Notice Of Approval	REQ	Food Stamp Program Bureau	SE	.09 SE
DFA 377.1 SP	Notice Of Approval	RSP	44	SE	.10 SE
DFA 377.1A	Notice Of Denial Or Pending Status	REQ	ш	SE	.09 SE
DFA 377.1A SP	Notice Of Denial Or Pending Status	REQ	44	SE	.15 SE
DFA 377.2	Food Stamp Notice Of Expiration Of Certification	REQ	u	SE	.11 SE
DFA 377.2 SP	Food Stamp Notice Of Expiration Of Certification	REQ	u	SE	.20 SE
		L	L	L	

= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
DFA 377.4	Food Stamp Notice Of Change	REQ	Food Stamp Program Bureau	SE	.12 SE
DFA 377.4 SP	Food Stamp Notice Of Change	REQ	Si	SE	.09 SE
DFA 377.5	Food Stamp Household Change Report	REQ	H H	PD	50 SH 3.22 PD
DFA 377.5 SP	Food Stamp Household Change Report	REQ	#	PD	50 SH 3.05 PD
DFA 377.7A	Notice Of Administrative Disqualification	REQ	64	SE	.15 SE
DFA 377.7A SP	Notice Of Administrative Disqualification	REQ	и	М	MASTER ONLY
DFA 377.7B	Food Stamp Repayment Notice For Inadvertent Household Errors Only	REQ	ч	SE	.09 SE
DFA 377.7B SP	Food Stamp Repayment Notice For Inadvertent Household Errors Only	REQ	64	М	MASTER ONLY
DFA 377.7B1	Food Stamp Repayment Notice For Inadvertent Household Errors Only Final Notice	REQ	as a	SE	.10 SE
DFA 377.7B1 SP	Food Stamp Repayment Notice For Inadvertent Household Errors Only Final Notice	REQ	u	М	MASTER ONLY
DFA 377.7C	Food Stamp Repayment Agreement For Inadvertent Household Errors Only	REQ	ш	PD	100 SH 4.08 PD
DFA 377.7C SP	Food Stamp Repayment Agreement For Inadvertant Household Errors Only	REQ	*	SE	.28 SE
DFA 377.7D	Food Stamp Repayment Notice For Administrative Errors Only	REQ	u u	SE	.09 SE
DFA 377.7D SP	Food Stamp Repayment Notice For Administrative Errors Only	REQ	#	М	MASTER ONLY
DFA 377.7E	Food Stamp Repayment Agreement For Administrative Errors Only	REQ	u	PD	100 SH 3.23 PD
DFA 377.7E SP	Food Stamp Repayment Agreement For Administrative Errors Only	REQ	,,	SE	.14 SE
DFA 377.7F	Food Stamp Repayment Notice For An Intentional Program Violation (IPV) Only	REQ) I	SE	.23 SE
DFA 377.7F SP	Food Stamp Repayment Notice For An Intentional Program Violation (IPV) Only	REQ	н	М	MASTER ONLY
DFA 377.7F1	Food Stamp Repayment Notice For An Intentional Program Violation (IPV) Only - Final Notice	REQ	и	SE	.23 SE
DFA 377.7F1 SP	Food Stamp Repayment Notice For An Intentional Program Violation (IPV) Only - Final Notice	REQ	4 -	М	MASTER ONLY
DFA 377.7G	Food Stamp Repayment Agreement For An Intentional Program Violation (IPV) Only	REQ	и	PD	50 SH 4.99 PD
DFA 377.7G SP	Food Stamp Repayment Agreement For An Intentional Program Violation (IPV) Only	REQ	A	М	MASTER ONLY

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
DFA 377.9	Notice Of Back Food Stamp Benefits	RSP	Food Stamp Program Bureau	SE	1.17 SE
DFA 377.9 SP	Notice Of Back Food Stamp Benefits	RSP	ū	SE	.21 SE
DFA 377.10	Food Stamp Notice Of Disqualification	REQ	н	SE	.08 SE
DFA 377.10 SP	Food Stamp Notice Of Disqualification	REQ		м	MASTER ONLY
DFA 385	Application For Emergency Food Stamp Assistance	REQ		М	MASTER ONLY
DFA 385 SP	Application For Emergency Food Stamp Assistance	REQ	*	м	MASTER ONLY
DFA 385A	Notice Of Action Emergency Food Stamp Assistance	REC	. 41	м	MASTER ONLY
DFA 385A SP	Notice Of Action Emergency Food Stamp Assistance	REC	<u> </u>	М	MASTER ONLY
DFA 403	Reconciliation Of Time Studies To Allocable Salary Pools	REQ	Fiscal Policy Bureau	М	MASTER ONLY
DFA 419	Claim Summary Sheet	REQ	u	М	MASTER ONLY
DFA 440	Verification Of Physical Or Mental Disability (Food Stamp Program)	REC	Food Stamp Program Bureau	PD	100 SH
DFA 440 SP	Verification Of Physical Or Mental Disability (Food Stamp Program)	REC	4	М	MASTER ONLY
DFA 478	Disqualification Consent Agreement	REC	Fraud Program Management Bureau	PD ·	50 SH FREE
DFA 478 SP	Disqualification Consent Agreement	REC	44	PD	50 SH FREE
DFA 837	Summary Report Of Assistance Expenditures Old Age Security, Aid To The Blind, And Aid To The Disabled	REQ	Fiscal Policy Bureau	М	MASTER ONLY
DFA 842	Claim Determination Worksheet	RSP	Food Stamp Program Bureau	М	MASTER ONLY
DFA 844	ORR Funds For AFDC Time Eligible Refugees/Entrants	REQ	Fiscal Policy Bureau	М	MASTER ONLY
DFA 844RDP	ORR Funds For Refugee Demonstration Project Recipients (RDP)	REQ	u .	М	MASTER ONLY
DFA 846	Summary Report Of Assistance Expenditures For The Refugee Cash Assistance Program (RCA) (Includes Entrants)	REQ	4	М	MASTER ONLY
DFA 847	Additional Federal Funds Claimable Based On The Nonfederal Share of Expenditures For Refugee Resettlement, Cuban Program Phasedown and C/H Entrant Recipients Fed AFDC/FC	REQ	H	М	MASTER ONLY
DFA 856	Welfare Fraud Invesstigators Time Study	REQ	ч	м	MASTER ONLY
DFA 863	Additional Federal Funds claimable Based On The Nonfederal Share For Refugee Resettlement And Cuban/Haitian Dentran Recipients In Receipt Of EA-UP	REQ	u	М	MASTER ONLY
DFA 874	Statewide Intercounty Lost Warrant Replacement Affidavit	REC	u	SE	.11 SE

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
DFA 876	State Legalization Impact Assistance Grant (SLIAG) Funds Claimable Based On Expenditures For Eligible Legalized Aliens (ELA) General Assistance	REQ	Fiscal Policy Bureau	M	MASTER ONLY
DFA 877	State Legalization Impact Assistance Grant (SLIAG) Funds For Eligible Legalized Aliens (ELA) AFDC-Foster Care	REQ	K K	М	MASTER ONLY
DFA 878	State Legalization Impact Assistance Grant (SLIAG) Funds For Eligible Legalized Aliens (ELA) State-Only AFDC/FG-U	REQ	# ## ## ## ## ## ## ## ## ## ## ## ## #	М	MASTER ONLY
DFA 879	Fraud Investigators Time Study Summary	REQ	# #	M	MASTER ONLY
DFA 880	Time Study Methodologly Certification	REQ	*	м	MASTER ONLY
DFA 881	Summary Report Of Assistance Expenditures GA/FC	REQ	4	М	MASTER ONLY
DFA 882	Process Checklist	REQ	u	М	MASTER ONLY
DPA 13	Request For State Hearing Before The State Department Of Social Services	REQ	Administration Adjudication Operations Support Bureau	EA	.03 EA
DPA 13 SP	Request For State Hearing Before The State Department Of Social Services	REQ	ū	EA	.04 EA
DPA 19	Authorized Representative	REQ	M.	EA	.04 EA
DPA 27	Report Of County Compliance With State Hearing Decision	REC	<u>u</u>	SE	.18 SE
DPA 27 SP	Report Of County Compliance With State Hearing Decision	REQ	*	М	MASTER ONLY
DPA 83	Report Of Oral State Hearing Request	REC	Management Services Branch	SE	FREE
DPA 266	Fraud Investigation Activity Report	REQ	Fiscal Policy Bureau	PD	50 SH FREE
DPA 302	Interpreter/Translator Billing	REQ	Management Services Branch	SE	FREE
DPA 315 ENG/SP	Withdrawal/Conditional Withdrawals Of Request For Hearing	REQ	Administrative Adjudication Operations Support Bureau	PD	50 SH 3.17 PD
DPA 316	Subpena/Subpena Duces Tecum	REQ	L	PD	50 SH FREE
DPA 354	Request For Administrative Disqualification Hearing(Food Stamps)	REQ	4	SE	.18 SE
DPA 401	Appeals Transmittal List	REQ	<u>4</u>	PD	50 SH FREE
DPA 421 SP	Notification Of Open Record And Waiver Of Time	REQ	*	М	MASTER ONLY
DPA 433	Penalty Case Analysis Report	REQ	u	М	MASTER ONLY
			and the second s		

REQ= REQUIRED FORM NO RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
DPS 248A	Child Support Consumer Credit Report Notification (County Used)	REQ	Fraud Program Management Bureau	SE/BX	FREE
DPS 249	AFDC/FS Intercept County Transaction Document	REQ	и	М	MASTER ONLY
DPS 526	IEVS/Payment Verification System County Response Document	RSP	u	SE	FREE
DWCWCAB 6	Notice And Request For Allowance of Lien	REQ	u	PD	50 SH FREE
EC 161A	State Absent Parent Letter	RSP	Review And Evaluation Bureau	EA	FREE
EC 179A	Appointment Letter (County Use)	RSP	н	М	MASTER ONLY
EC 179A SP	Appointment Letter (County Use)	ASP	u	М	MASTER ONLY
EC 200A	Request For Verification - Financial	RSP	u u	М	MASTER ONLY
EC 202A	Request For Verification - General	RSP	H	М	MASTER ONLY
EC 233	AFDC Computation Form	RSP	M	М	MASTER ONLY
EC 274	Time And Task Report	RSP	u u	М	MASTER ONLY
EC 278	Quality Control Sampling System Transmittal	REC	#	EA	FREE
EL 800	Summary Report Of Uncollected Loans	REQ	Fiscal Policy Bureau	М	MASTER ONLY
FC 2	Statement Of Facts Supporting Eligibility For AFDC-Foster Care (FC)	REQ	Foster Care Policy Bureau	PD	100 SH 2.85 PD
FC 2 SP	Statement Of Facts Supporting Eligibility For AFDC-Foster Care (FC)	REQ	#	PD	25 SH 3.67 PD
FC 3	Determination Of Federal AFDC-FC Eligibility	RSP	4	PD	50 SH 2.51 PD
FC 3A	AFDC-FG/U Linkage Worksheet	RSP	u	PD	50 SH 2.56 PD
FC 4	AFDC Program Choice Indicator	RSP	AFDC Policy Implementation Bureau	PD	100 SH 3.59 PD
FC 4 SP	AFDC Program Choice Indicator	RSP	it.	PD	25 SH 1.05 PD

REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
FC B	Federal Eligibility Certification For Adoption Assistance Program	REQ	Adoptions Policy Bureau	EA	.03 EA
FC 8 SP	Federal Eligibility Certification For Adoption Assistance Program	REQ	t	EA	.10 EA
FC 10	Income And Property Checklist For Federal Eligibility Determination-Adoption Assistance Program	REC	Foster Care Policy Bureau	PD	50 SH 3.41 PD
FNS 46	Issuance Reconciliation Report	REQ	Food Stamp Program Bureau	SE	FREE
FNS 111 SP	Food Stamps Make A Difference	REC	ĸ	EA	FREE
FNS 135	Affidavit Of Return Or Exchange Of Food Coupons	REQ	N	SE	FREE
FNS 182	USDA Food Assistance	REQ	**	EA	FREE
FNS 182 SP	USDA Food Assistance	REQ	ŭ	EA	FREE
FNS 183	Food Stamp Rights	REQ	al .	EA	FREE
FNS 200	Poster - USDA Food Assistance	REQ	#	EA	FREE
FNS 200 SP	Poster-USDA Food Assistance	REQ	99	EA	FREE
FNS 209	Status Of Claims Against Households	REQ	54	EA	FREE
FNS 245	Negative Quality Control Review Schedule	REQ	Review And Evaluation Bureau	EA	FREE
FNS 250	Food Coupon Accountability Report	REQ	Food Stamp Program Bureau	M	MASTER ONLY
FNS 259	Food Stamp Mail Issuance Report	REQ	M	EA	FREE
FNS 260	Requisition For Food Coupon Books	REQ	4	SE	FREE
FNS 283	Poster - Using Food Stamps	REQ	64	EA	FREE
FNS 283 SP	Poster - Using Food Stamps	REQ	u	EA	FREE
FNS 300	Advice Of Transfer (Food Coupons)	REQ	st.	SE	FREE
FNS 471	Coupon Account And Destruction Report	REQ	84	SE	FREE
FS 3	Food Stamp Policy Question	REC	fa	М	MASTER ONLY
FS 4 MULTILINGUAL	Important Notice Please Read	REQ	44	М	MASTER ONLY
FS 4A MULTILINGUAL	Important Notice Please Read	REQ	н	M	MASTER ONLY

REQ= REQUIRED FORM NO RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

AMOUNT PER ORDER UNIT ORDER PROGRAM REQ TITLE only
100/50 SH per PD
or BD unless
otherwise specified FORM UNIT RSP CONTACT NUMBER REC MASTER ONLY Food Stamp М REC Notice To All Food Stamp Recipients FS₅ Program Bureau MASTER ONLY REC M Notice To All Food Stamp Recipients FS 5 SP Important Information About Required Verifications In RSP PD 100 SH FS 8 2.01 PD The Food Stamp Program PD 100 SH Important Information About Required Verifications In The RSP FS 8 SP 2.14 PD Food Stamp Program 100 SH PD Important Information-Food Stamps RSP FS9 FREE PD 50 SH RSP FS 9 SP Important Information-Food Stamps FREE MASTER ONLY REC М Important Notice To All Food Stamp Recipients FS 10 MULTILINGUAL MASTER ONLY REC М Important Notice To All Food Stamp Recipients **FS 10A** MULTILINGUAL SE .06 SE REC Child FSA 200 Child Support Enforcement Transmittal (Pages 1-2) Support Program Management Bureau .27 SE SE REC FSA 201 Uniform Support Petition REC SE 1.22 SE FSA 202 General Testimony For Uresa (Pages 1-6, includes 4a & 4b) ,10 SE REC SE FSA 203 Certificate And Order REC SE .21 SE Paternity Affidavit FSA 204 SE .10 SE REC FSA 205 Order Transmittal SE .10 SE REC Locate Data Sheet FSA 206 SE FREE REC Review And Worksheet For Integrated AFDC, Food Stamps And Medicaid FSA 4340 Evaluation Quality Control Reviews Bureau FREE ΕA Document Verification Request Los Angeles REQ Fraud G 845LA Program Management Bureau EΑ FREE REQ Document Verification Request San Diego G 845SD FREE ËΑ RÉQ G 845SF Document Verification Request San Francisco Employment REQ М MASTER ONLY GAIN Contract Activity Agreement Basic Education Services GAIN 2A ENG/SP Program For Young Parents Bureau MASTER ONLY REQ М GAIN Contract Activity Agreement - Basic Education Srvcs -GAIN 28 ENG/SP AFDC - U Parent

RECOMMENDED

FORM

REC=

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
GAIN 3B ENG/SP	GAIN Contract Activity Agreement - Self Initiated Program AFDC-U	REQ	Employment Program Bureau	М	MASTER ONLY
GAIN 4B ENG/SP	GAIN Contract Activity Agreement Self-Initiated Program AFDC-U	REQ	£.	М	MASTER ONLY
GAIN 5B ENG/SP	GAIN Contract Activity Agreement - Assessment AFDC-U	REQ	u	М	MASTER ONLY
GAIN 6	GAIN Contract Activity Agreement Training And Education Services After Assessment	REQ	M	М	MASTER ONLY
GAIN 6 SP	GAIN Contract Activity Agreement Training And Education Services After Assessment	REQ	44	М	MASTER ONLY
GAIN 6B ENG/SP	GAIN Contract Activity Agreement - Training And/or Education Services After Assessment AFDC-U Parent	REQ	H	М	MASTER ONLY
GAIN 7B ENG/SP	GAIN Contract Activity Agreement - Job Services After Assessments AFDC-U	REQ	NA.	М	MASTER ONLY
GAIN 8B ENG/SP	GAIN Contract Activity Agreement Preemployment Preparation (PREP) AFDC-U	REQ	4	М	MASTER ONLY
GAIN 9B ENG/SP	GAIN Contract Activity Agreement Miscellaneous AFDC-U	REQ	М	М	MASTER ONLY
GAIN 24 ENG/SP	GAIN Registration	REQ	<u>u</u>	М	MASTER ONLY
GAIN 25	GAIN Monthly Activity Report	REQ	Information Services Bureau	PD	50 SH FREE
GAIN 26	GAIN Appraisal	RSP	Employment Program Bureau	М	MASTER ONLY
GAIN 27	GAIN Program Status	RSP	N	М	MASTER ONLY
GAIN 28	GAIN Program Activity	RSP	M	М	MASTER ONLY
GAIN 29	GAIN Employment Follow-Up	RSP		М	MASTER ONLY
GAIN 31	GAIN Quarterly Characteristics Report	REQ	Information Services Bureau	М	MASTER ONLY
GAIN 36	GAIN Appraisal Appointment Letter	REC	Employment Program Bureau	М	MASTER ONLY
GAIN 36 SP	GAIN Appraisal Appointment Letter	REC	u	М	MASTER ONLY
GAIN 39 ENG/SP	Notice To Other Parent	RSP	4	М	MASTER ONLY
GAIN 40 ENG/SP	Reminder To End Sanction	RSP	#	М	MASTER ONLY
GAIN 43 ENG/SP	GAIN Notice Of A Participation Problem	REQ	N	М	MASTER ONLY
GAIN 44 ENG/SP	GAIN Notice Of No Good Cause Determination And Conciliation Appointment	REQ	ш	М	MASTER ONLY
			The state of the s		

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

	WITH FRION DOOR! THOU				AMOUNT PER
FORM NUMBER	TITLE	REQ RSP REC	PROGRAM	ORDER UNIT	ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
GAIN 46 ENG/SP	GAIN Notice Of Missed Conciliation Appointment; Failed Telephone Attempt	REQ	Employment Program Bureau	М	MASTER ONLY
GAIN 50 ENG/SP	Your GAIN Hearing Rights How To Ask For A State Hearing	REQ	44	М	MASTER ONLY
GAIN 51 ENG/SP	GAIN Priority Statement	REC	K	М	MASTER ONLY
GAIN 52 ENG/SP	Request To Be Excused Form GAIN	REQ	, bs	М	MASTER ONLY
GAIN 53 ENG/SP	GAIN Program Notice	REQ	4	М	MASTER ONLY
GAIN 54 ENG/SP	Agreement To End GAIN Conciliation Sooner Than 20 Calendar Days	RSP	#4	M	MASTER ONLY
GAIN 55 ENG/SP	Agreement To Extend Conciliation 10 Calendar Days	RSP	μ	М	MASTER ONLY
GAIN 61	GAIN Program Participant Data Collection	REQ	Information Services Bureau	М	MASTER ONLY
GAIN 62	Registration Fee Worksheet 1.5 Regional Market Rate (RMR) Ceiling Level	REQ	Employment Program Bureau	M	MASTER ONLY
GAIN SUPPLEMENT B	Short Term Prep Worksheet	RSP	44	М	MASTER ONLY
GAIN SUPPLEMENT B SP	Short Term Prep Worksheet	RSP	<u>u</u>	М	MASTER ONLY
GAIN 105 ENG/SP	Agreement To Balance GAIN Supportive Services Overpayment With Child Care/AFDC Corrective Underpayment	REQ	4	М	MASTER ONLY
GAIN 106 ENG/SP	Agreement To Balance Child Care/AFDC Overpayment With GAIN Supportive Services Corrective Underpayment	REQ	14 14	М	MASTER ONLY
GEN 387A	Request For Publications	REC	Administrative Services Bureau	SE	FREE
GEN 483	Record Of Manuais Added And Dropped	REC	IL.	М	MASTER ONLY
GEN 727B	County Forms Order	REC	u	SE	.23 SE
GEN 759	County Roster	REC	Fiscal Systems & Accounting Branch	PD	50 SH FREE
GEN 827	Work Registration Referral	REQ	Employment Program Bureau	М	MASTER ONLY
GEN 973	Request For Photocopies Of UIB Or DIB Checks	REQ	Fraud Program Management Bureau	EA	FREE
GEN 1172	Court Case Statistical Report	REQ	Information Services Bureau	М	MASTER ONLY

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

CHANGE PERMITTED WITH PRIOR DSS APPROVAL		L		FORM	
FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
GR 237	General Relief And Interim Assistance To Applicants For SSI/ SSP Monthly Caseload And Expenditure Statistical Report Statistical	REQ	Information Services Bureau	PD	50 SH
GR 238	County Mental Health Department-Interim Assistance To Applicants For SSI/SSP Monthly Caseload And Expenditure Statistical Report	REQ	#	PD	25 SH FREE
ICPC 100A	Interstate Compact Placement Request-Instructions	REQ	Child Welfare Services Operation Bureau	SE	.29 SE
ICPC 100B	Interstate Placement Report on Child's Placement Status	REC	L.	SE	.32 SE
ICPC 100E	Interstate Compact Placement Request for Private Placements	REC	H H	SE	1.56 SE
ICPC 101	Interstate Compact On The Placement Of Children Social Assessment Of The Child And Family - Outline	RSP	4	м	MASTER ONLY
IRCA 1	Immigration Reform And Control Act Of 1986 (IRCA) Monthly Caseload Report For Eligible Legalized Aliens (ELAs)	REQ -	Information Services Bureau	М	MASTER ONLY
ISAWS 7	Monthly Eligibility/Status Report	REQ	System Support Bureau	EA	.05 EA
ISAWS 7 SP	Monthly Eligibility/Status Report	REQ	4	EA	.06 EA
LIC 100	Facility File Summary Sheet	REC	Community Care Licensing Program Development Bureau	PD	50 SH FREE
LIC 102	Sanitation Inspection Request	REQ	**	PD	50 SH 1.79 PD
LIC 107	Applicant Fingerprint Card Follow-Up Request	REC	u	SE	FREE
LIC 122	Release Of Information	REC	4	PD	50 SH FREE
LIC 166	Form Letter, Residential Care Facility Requirements Regarding The Overconcentration Of Facilities	REC	te.	PD	50 SH FREE
LIC 178	Penalty Review	REC	st	SE	FREE
LIC 181	Licensing Of Facilities For Children Monthly Statistical Report	REC	4	PD	50 SH FREE
LIC 183	Day Care/Residential CareFacilities Form Request	REC		SE	FREE
LIC 184	Notification Of Incomplete Application	REC	is	SE	.09 SE

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
LIC 185	Contact Sheet	REC	Community Care Licensing Program Development Bureau	PD	50 SH 1.58 PD
LIC 186	Orientation Meeting Tally	REC	W	PD	FREE
LIC 192	Notification Of Initial Application Denial	REC	44	PD	50 SH 1.65 PD
LIC 195	Notice Of Operation In Violation Of Law	REC	*	PD	50 SH FREE
LIC 195A	Notice Of Operation In Violation Of Law - Family Day Care	REC	a	SE	FREE .
LIC 197	Foster Family Agencies Notification Of Action Taken	REC	¥	PD	50 SH FREE
LIC 198	Child Abuse Index Check For County Licensed Facilities	REQ	55	SE	FREE
LIC 198A	Child Abuse Index Check For State Licensed Facilities	REQ	**	PD	50 SH FREE
LIC 200	Application For A Community Care Facility or Residential Care Facility For The Elderly License	REC	<u>M</u>	PD	50 SH FREE
LIC 200A	Application For A Child Day Care Center License	REC	4	PD	50 SH FREE
LIC 201F	Annual License Fee Notice	REQ	48	SE/BD	FREE
LIC 203	License To Operate Facility	REQ	4	PD	50 SH FREE
LIC 203A	Facility License (Computer)	REQ	L L	SE/BD	FREE
LIC 215	Applicant Information	REC		PD	50 SH 2.92 PD
LIC 215 SP	Applicant Information	REC	u	EA	.06 EA
LIC 229	Certificate Of Approval For Certified Family Homes	REC	4	PD	50 SH FREE
LIC 279	Family Day Care Application	REC	## ## ## ## ## ## ## ## ## ## ## ## ##	PD	50 SH 2.98 PD
LIC 279 SP	Family Day Care Application	REC	e	EA	.05 EA
LIC 279A	Application Booklet For Community Care Homes	REC	н	EA	FREE
LIC 279A SP	Application Booklet For Community Care Homes	REC	#4	EA	FREE
LIC 281	Application Booklet For A Facility License	REC	u	EA	FREE
LIC 281A	Application Booklet for Child Day Care Centers	REC	H	EA	FREE
				Managang Prophysics and the Control of the Control	

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
LIC 281B	Supplemental Application Information Booklet	REC	Community Care Licensing Program Development Bureau	EA	FREE
LIC 281C	Orientation/Application Process Certification of Completion	REC	и	EA	FREE
LIC 282	Affidavit Regarding Liability Insurance For Family Day Care Home	REC	W	PD	50 SH FREE
LIC 283	Foster Family Home Application	REC	ď	PD	50 SH FREE
LIC 283 SP	Foster Family Home Application	REC	u	EA	FREE
LIC 283A	Application Booklet For Foster Family Homes	REC	#	EA	FREE
LIC 301	Reference Request	REC	u	PD	50 SH 2.44 PD
LIC 306	Reporting Requirements By Licensees To The State Department Of Social Services	REC	W	PD	50 SH FREE
IC 308	Designation Of Administrative Responsibility	REC	"	PD	50 SH FREE
_IC 309	Administrative Organization	REC	W	PD	50 SH FREE
LIC 311A	Records To Be Maintained At The Facility - Day Care Centers, Infant Centers, School Age Centers And Care Centers For Mildly III Children	REC	44	EA	FREE
_IC 311B	Records To Be Maintained By The Facility - Group Home	REC	"	PD	50 SH FREE
LIC 311C	Records To Be Maintained At The Facility - Adult Residential	REC	4	PD	50 SH FREE
_IC 311E	Records To Be Maintained At The Facility - Small Family Home And Foster Family Home	REC	u	PD	50 SH FREE
LIC 311F	Records To Be Maintained At The Facility - Residential Care Facility For The Elderly	REC	44	PD	50 SH FREE
.IC 313	Evidence Of Program Consultant	REC	н	SE	FREE
JC 400	Affidavit Regarding Client/Resident Cash Resources	REQ	M	PD	50 SH FREE
LIC 400 SP	Affidavit Regarding Client/Resident Cash Resources	REQ	***	EA	FREE
LIC 401	Estimated Monthly Operating Budget	REQ	M	PD	50 SH 2.44 PD
LIC 402	Surety Bond	REC	JA JA	PD	50 SH 1.74 PD

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
LIC 403	Financial Statement	REC	Community Care Licensing Program Development Bureau	PD	50 SH 1.84 PD
LIC 404	Financial Information Release And Verification	REC	ĸ	PD	50 SH 1.72 PD
LIC 405	Record of Client's/Resident's Safeguarded Cash Resources	REC	al al	PD	50 SH FREE
LIC 420	Budget Information	REC	e e	PD	50 SH 1.86 PD
LIC 421	Facility Civil Penalty Assessment	REC	i i	SE	FREE
LIC 423	Evaluator Worksheet Community Care Facility (CCF) Residential Care Facility For The Elderly (RCFE) Financial Records Review	REC	ži,	SE	.18 SE
LIC 424	Accounting Record For Change Of License	REC	44	SE	FREE
LIC 500	Personnel Report	REC	CI CI	PD	50 SH FREE
LIC 501	Personnel Record	REC	H	PD	50 SH FREE
LIC 503	Health Screening Report - Facility Personnel	REC	ü	PD	50 SH FREE
LIC 503 SP	Health Screening Report - Facility Personnel	REC	44	EA	FREE
LIC 507	Facilities Staff Work Schedule	REQ	£ i	PD	50 SH FREE
LIC 508	Criminal Record Statement	REQ	64	PD	50 SH FREE
LIC 508 SP	Criminal Record Statement	REQ	34	EA	FREE
LIC 601	Identification And Emergency Information	REC	44	PD	50 SH FREE
LIC 602	Physician's Report For Community Care Facilities	REC	u	PD	50 SH FREE
LIC 602A	Physician's Report For Residential Care Facilities For the Elderly (RCFE)	RSP	a a	PD	50 SH FREE
LIC 603	Preplacement Appraisal Information Admission Residential Care Facilities	REC	id	PD	50 SH FREE
LIC 603A	Resident Appraisal Residential Care Facilities For the Elderly (RCFE)	REC	M	PD	50 SH FREE
LIC 604	Admission Agreement Guide For Residential Facilities	REC	545	PD	50 SH FREE
LIC 604A	Admission Agreement For Residential Care Facilities For The Elderly	REC	44	PD	50 SH FREE
				an a farman and a	Table Park Control of the Control of

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
LIC 605A	Release Of Client/Resident Medical Information	REC	Community Care Licensing Program Development Bureau	PD	50 SH FREE
LIC 610	Emergency Disaster Plan For Residential Care Facilities For The Elderly, Community Care Facilities & Child Care Daycare Centers	REC	Name of the state	SE	FREE
LIC 610 SP	Emergency Disaster Plan For Residential Care Facilities For The Elderly, Community Care Facilities & Child Care Daycare Centers	REC	#	SE	FREE
LIC 610A	Emergency Disaster Plan For Foster Family Homes and Family Day Care Homes	REC	**	SE	.08 SE
LIC 610A SP	Emergency Disaster Plan For Foster Family Homes and Family Day Care Homes	REC	M	SE	.13 SE
LIC 613	Personal Rights - Community Care Facilities Child Day Care Facilities, Residential Care Facilities For The Elderly	REC	N	PD	50 SH FREE
LIC 613 SP	Personal Rights - Community Care Facilities And Residential Care Facilities For The Elderly	REC	66	PD	50 SH FREE
LIC 613A	Personal Rights - Child Day Care Facilities	REC	\$ 66	PD	50 SH FREE
LIC 613A SP	Personal Rights - Child Day Care Facilities	REC		PD	50 SH FREE
LIC 618	Client Weight Record	REC	28	PD	50 SH FREE
LIC 621	Client Resident Personal Property And Valuables	REC	1 9	PD	50 SH FREE
LIC 622	Centrally Stored Medication And Destruction Record	REC	£ £ £ £	PD	50 SH FREE
LIC 624	Unusual Incident/Injury/Death Report	REC	***	PD	50 SH FREE
LIC 625	Appraisal Needs and Services Plan	REC	E E	PD	50 SH FREE
LIC 627	Consent For Medical Treatment	REC	u .	PD	50 SH FREE
LIC 627 A	Consent To A Medical Examination	REC	M5	PD	50 SH FREE
LIC 700	identification And Emergency Information Day Care Centers To Be Completed By Parent Or Guardian	REC	W W	PD	50 SH FREE
LIC 701	Physician's Report Day Care Centers	REC	M M	PD	50 SH FREE
			Triving and the state of the st		

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
LIC 702	Child's Preadmission Health History-Parent's Report	REC	Community Care Licensing Program Development Bureau	PD	50 SH FREE
LIC 802	Complaint Report	REC	44	PD	50 SH 2.39 PD
LIC 809	Facility Evaluation Report	REQ	н	SE	.08 SE
LIC 811	Confidential Names	REC	N.	SE	.08 SE
LIC 812	Detail Supportive Information	REC	u	PD	50 SH 1.51 PD
LIC 813	Facility Photography Report	REQ	4	PD	50 SH 2.26 PD
LIC 837	Request For Audit Services	REC	u	SE	FREE
LIC 855	Declaration	REC	N.	PD	50 SH 2.41 PD
LIC 856	Complaint Response	REC	ės .	SE	.17 SE
LIC 857	Children's Records Review (Day Care Center)	REC	41	SE	FREE
LIC 858	Client /Resident Records Review (Residential)	REC	#	SE	FREE
LIC 858A	Additional Child Records Review for Specialized Foster Care Homes	REC	ıc	SE	FREE
LIC 859	Review Of Staff/Volunteer Records	REC	u	SE	.12 SE
LIC 907	Transmittal For Processing	REC	.4	PD	50 SH FREE
LIC 908	Facility File Folder Inserts	REC	g g	SE	FREE
LIC 908A	Facility File Folder Inserts For The Confidential Files	REC	L.	SE	FREE
LIC 953	Monthly Application Control Log	REC	u	PD	50 SH 1.92 PD
LIC 956	Facility Waiver Request	REC	¥	PD	50 SH 2.47 PD
LIC 957	Complaint Control Log	REC	ĸ	PD	50 SH FREE
LIC 959	County Licensing Service Request	REQ	44	SE	.23 SE
LIC 971	Exception/Exemption Request	REC	H	SE	.12 SE
LIC 972	Individual Waiver Exception Log	REQ	4	PD	50 SH 2.81 PD
LIC 975	Notice To Cancel Subsequent Arrest Reports	REC	ű	PD	50 SH FREE
LIC 981	Weekly Itinerary	REC	u	PD	50 SH FREE

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PRCGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
LIC 986A	Notice Of Revocation Action	REC	Community Care Licensing Program Development Bureau	EA	FREE
LIC 989	Information Request	REQ	M	PD	50 SH 2.44 PD
LIC 995	Notification Of Parent's Rights	REQ	44	PD	50 SH FREE
LIC 995 SP	Notification Of Parent's Rights	REQ	14 14 14 14 14 14 14 14 14 14 14 14 14 1	PD	50 SH FREE
LIC 996	Agreement For Licensure Of Community Care Facility/Child Day Care Facility On Federal Propert	REQ	# # # # # # # # # # # # # # # # # # #	PD	50 SH FREE
LIC 996A	Agreement For Licensure Of Community Care Facility/Child Day Care Facility On Indian Reservations	REQ	## ### ### ### #######################	EA	FREE
LIC 997	Agreement By Licensee/Applicant On Federal Property	REQ	#4	PD	50 SH FREE
LIC 997A	Agreement By Licensee/Applicant On Indian Reservations	REQ	92	EA	FREE
LIC 999	Facility Sketch	REC	ā	PD	50 SH FREE
LIC 999 SP	Facility Sketch	REC	84	PD	50 SH FREE
LIC 9011A	Department of Justice Notification	REC	M National Control of the Control of	PD	50 SH FREE
LIC 9017	Training Bulletin	REC	45	M	MASTER ONLY
LIC 9020	Roster Of Facility Client/Residents	REC	44	EA	FREE
LIC 9024	Capacity Worksheet	RSP	is a	PD	50 SH FREE
LIC 9027	Resident's Health Status - Summary	REC	ju ju	SE	FREE
LIC 9029A	Statement Of Facts Summary Sheet	REC	H	SE	FREE
LIC 9031	Notice - Temporary Suspension Order Of License	REC	H	EA	FREE
LIC 9040	Child Day Care Facility Roster (Retain For 3 Years) Day Care Centers, Infant Care Centers, School Age Centers And Family Day Care Homes	REC	4	EA	FREE
LIC 9052	Notice Employee Rights	REC	64.	PD	50 SH FREE
LIC 9053	Preliminary Application Review Certificate For Residential Care Facilities For The Elderly (RCFE)	REC	84	PD	50 SH FREE
LIC 9054	Local Fire Inspection Authority Information Required By The Department Of Social Services, Community Care Licensing	REC	33	PD	50 SH FREE
LIC 9054 SP	Local Fire Inspection Authority Information Required By The Department Of Social Services, Community Care Licensing	REC	я	PD	50 SH FREE

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

HEC= HECOMMENUED FORM

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
LIC 9058	Applicant/Licensee Rights	REC	Community Care Licensing Program Development Bureau	PD	50 SH FREE
LIC 9058 SP	Applicant/Licensee Rights	REC	N N	PD	50 SH FREE
LIC 9059	Personal Property Procedures (RCFE)	REC	#	PD	50 SH FREE
LIC 9060	Resident Theft And Loss Record	REC	**	PD	50 SH FREE
LIC 9067	Management Visit Control Log	REC	4	м	MASTER ONLY
LIC 9068	Criminal Record Notice Log	REC	н	М	MASTER ONLY
LIC 9076	Letter Of Audit Findings (Audits) Certified Mail	REC	la la	М	MASTER ONLY
LIC 9077	Solvency Audit Letter (Audits)	REC	u	М	MASTER ONLY
LIC 9082	Receipt For Delivery Of Records (Audits)	REC	u.	SE	FREE
LIC 9089	Annual Focus Visit Report For Residential Care Facilities For The Elderly	REC	i i	SE	FREE
LIC 9090	Annual Focus Visit Report For Child Day Care Centers	REC	si .	SE	FREE
LIC 9091	Unannounced Focused Renewal Visit Report For Community Care Facilities	REC	93	SE	FREE
LIC 9092	Pre-Inspection/Consultation Request	REC	u	PD	50 SH FREE
LIC 9095	Evaluation Of Teacher Qualifications Child Day Care Center	REC	ja.	EA	FREE
LIC 9096	Evaluation Of Director Qualifications	REC	a	EA	FREE
LIC 9099	Complaint Investigation Report	REC	æ	SE	FREE
LIC 9102	Advisory Notes	REC	N	SE	FREE
LIC 9104	LIS Input Sheet	REC	u	PD	50 SH FREE
LIC 9105	Residual Request-Health Condition Relocation Review Residential Care Facilities For The Elderly	REC	64	SE	FREE
LIC 9106	Group Home Program Statement	REC	#	SE	FREE
LIC 9108	Statement Acknowledging Requirement to Report Suspected Child Abuse	REC	et.	SE	FREE
LIC 9111	Noncompliance Conference Summary	REC	u	PD	50 SH FREE
LIC 9112	Facility Compliance Plan	REC	u	PD	50 SH FREE
LIC 9115	Provisional Certificate of Authority - Continuing Care Contracts	REC	4	М	MASTER ONLY

OMANG	E PERMITTED . WITH PRIOR DSS APPRO	VAL .	1	FOR	7
FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
LIC 9116	Provisional Certificate of Authority - Life Care Contracts	REC	Community Care Licensing Program Development Bureau	M	MASTER ONLY
JC 9118	Annual License Visit Checklist Day Care & Infant Centers	REC	ď	PD	50 SH FREE
LIC 9119	Annual License Visit Checklist Group Homes	REC	44	PD	50 SH FREE
IC 9120	Annual License Visit Checklist Adult Residential Facilities	REC	a ·	PD	50 SH FREE
IC 9121	Annual License Visit Checklist Family Day Care	REC	er er	PD	50 SH FREE
IC 9122	Annual License Visit Checklist SFH or FFH	REC	Ħ	PD	50 SH FREE
IC 9123	Annual License Visit Checklist RCFE	REC	**	PD	50 SH FREE
C 9124	County Child Abuse Complaint Record Information Request	REQ		SE	FREE
C 9129	Certified Family Home Checklist	REC	is	EA	FREE
C 9130	Administrator's Checklist	REC	6	EA	FREE
C 9131	Request To Delete Personnel Or Facilities	REC	<u>"</u>	SE	FREE
C 9134	Fingerprint Transfer List	REC	H	EA	FREE
IILLER vs ARLSON	Your NET Hearing Rights - How To Ask For A State Hearing	REQ	Employment Program Bureau	М	MASTER ONLY
NLLER VS ARLSON SP	Your NET Hearing Rights - How To Ask For A State Hearing	REQ	u	M	MASTER ONLY
A 100 ENG/SP	Notice Of Action - Supplemental Child Care	REQ	## ###	M	MASTER ONLY
A 110 ENG/SP	Notice of Action - Blank CAAP	REQ	u	М	MASTER ONLY
A 111 ENG/SP	Notice Of Action Approval (CAAP)	REQ	#	M	MASTER ONLY
A 112 ENG/SP	Notice Of Action Denial (CAAP)	REQ	μ	M	MASTER ONLY
4 113 ENG/SP	Notice Of Action (CAAP) Incomplete SCC 6	REQ	н	М	MASTER ONLY
A 115 ENG/SP	Notice of Action to Restore Eligibility (CAAP)	REQ		М	MASTER ONLY
A 116 ENG/SP	Notice of Action Change of Payment (CAAP)	REQ	H	М	MASTER ONLY
A 117 ENG/SP	Notice Of Action Overpayment Adjustment (CAAP)	REQ	ú	M	MASTER ONLY
A 118 ENG/SP	Notice Of Action DOverpayment Demand Notice (CAAP)	REQ	*	М	MASTER ONLY
A 119 ENG/SP	Notice of Action Underpayment Adjustment (CAAP)	REQ	ū	М	MASTER ONLY

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
NA 200	Natice Of Action (Multi Purpose-Includes Budget)	RSP	AFDC Policy Implementation Bureau	SE	.09 SE
NA 200 SP	Notice Of Action (Multi Purpose-includes Budget)	RSP	4	SE	.29 SE
NA 210	Deny Discontinue, Suspend-Financial Eligibility And Lump Sum	REQ	14	SE	.13 SE
NA 210 SP	Deny, Discontinue, Suspend-Financial Eligibility And Lump Sum	REQ	u	SE	.13 SE
NA 211	Deny, Discontinue, Suspend - 185%	REQ	41	SE	.06 SE
NA 211 SP	Deny, Discontinue, Suspend - 185%	REQ	u	SE	.07 SE
NA 270	Continuation Page	EQ	н	SE	.06 SE
NA 270 SP	Continuation Page	REQ	a	SE	.07 SE
NA 271	Continuation Page Deemed Income Computations - Cash Aid	RSP	u	М	MASTER ONLY
NA 271 SP	Continuation Page Deemed Income Computation - Cash Aid	RSP	*	М	MASTER ONLY
NA 272	Continuation Page-Income of Aided Parent/Ineligible. Alien Child	RSP	и	М	MASTER ONLY
NA 272 SP	Continuation Page-Income of Aided Parent/Ineligible. Alien Child	RSP	я	М	MASTER ONLY
NA 273	Continuation Page Deny Federal AFDC-U	RSP	Œ	SE	.06 SE
NA 273 SP	Continuation Page Deny Federal AFDC-U	REQ		SE	.07 SE
NA 274	Notice Of Action - Continuation Page - Overpayment Computations	REQ	и	SE	.10 SE
NA 274 SP	Notice Of Action - Continuation Page - Overpayment Computations	REQ	45	SE	.19 SE
NA 274B	Notice Of Action - Continuation Page - Overpayment Computations	RSP	μ	SE	.16 SE
NA 274B SP	Notice Of Action - Continuation Page - Overpayment Computations	RSP	**	SE	.12 SE
NA 274C	Notice Of Action - Continuation Page-Overpayment Computations	REQ	H H	SE	.08 SE
NA 274C SP	Notice Of Action - Continuation Page - Overpayment Computations	REQ	М	SE	.24 SE
NA 275	Notice Of Action - Continuation Page (Overpayment Adjustment Computation - Cash Aid)	REQ	ш	SE	.11 SE
NA 275 SP	Notice Of Action - Continuation Page (Overpayment Adjustment Computation - Cash Aid)	REQ	u	SE	.20 SE
NA 276	Notice Of Action - Continuation Page (Computation of Unmet Needs of Aided Parent's Ineligible Alien Children)	RSP	a	М	MASTER ONLY
NA 276 SP	Notice Of Action - Continuation Page (Computation of Unmet Needs of Aided Parent's Ineligible Alien Children)	RSP	u	М	MASTER ONLY
NA 290	Notice of Action - Multipurpose	RSP	44	SE	.09 SE
NA 290 SP	Notice of Action - Multipurpose	RSP	M	SE	.25 SE
NA 296	Notice of Action - Ceja v. Carlson Retroactive Request for Information	RSP	u	M	MASTER ONLY

AMOUNT PER ORDER UNIT REQ **PROGRAM** ORDER **FORM** TITLE only 100/50 SH per PD or BD unless RSP CONTACT UNIT NUMBER REC otherwise specified RSP AFDC Policy M MASTER ONLY NA 296 SP Notice of Action - Ceja v. Carlson Retroactive Request for Implementation Information Bureau RSP М MASTER ONLY NA 297 Notice of Action - Ceja v. Carlson Retroactive Denial MASTER ONLY NA 297 SP **RSP** M Notice of Action - Ceja v. Carlson Retroactive Denial RSP M MASTER ONLY NA 298 Notice of Action - Ceja v. Carlson Retroactive Approval MASTER ONLY **RSP** M NA 298 SP Notice of Action - Ceja v. Carlson Retroactive Approval RSP Adult V MASTER ONLY NA 690 In Home Supportive Services Notice Of Action Services Management Branch MASTER ONLY М RSP NA 690 SP In Home Supportive Services Notice Of Action MASTER ONLY RSP М NA 690A In Home Supportive Services Notice Of Action - Denial MASTER ONLY **RSP** M NA 690A SP In Home Supportive Services Notice Of Action - Denial М MASTER ONLY RSP NA 690B In Home Supportive Services Notice Of Action - Reassessment MASTER ONLY RSP М NA 690C In Home Supportive Services Notice Of Action-Discontinuance **BSP** M MASTER ONLY NA 690C SP In Home Supportive Services Notice Of Action Discontinuance Adoptions ΞĀ 06 EA NA 791 AAP - Approval/Denial/Change REQ Policy Bureau SE .09 SE NA 791 SP AAP Approval/Denial/Change RSP MASTER ONLY REQ Employment M NA 801 ENG/SP Notice Of Action GAIN (Manual Process) Program Bureau MASTER ONLY NA 802 ENG/SP REQ M Notice Of Action GAIN (Automated) MASTER ONLY REQ M NA 803 ENG/SP Notice Of Action GAIN (Continuation Page) MASTER ONLY NA 804 ENG/SP Non-GAIN Education Or Training Notice Of Action (Blank) REQ M MASTER ONLY REQ М NA 805 ENG/SP Notice Of Action To Approve NET Programs MASTER ONLY REQ M NA 805A ENG/SF Notice Of Action - Approval Of NET Program М MASTER ONLY REQ NA 805B ENG/SP Notice Of Action - Approval Of NET Program MASTER ONLY M REQ NA 806 ENG/SP Notice Of Action NET Program Denial MASTER ONLY REQ k/s NA 807 Notice Of Action Discontinue NET Child Care REQ M MASTER ONLY NA 807 SP Notice Of Action Discontinue NET Child Care REQ М MASTER ONLY NA 808 Notice Of Action NET Child Care Change REQ Μ MASTER ONLY NA 808 SP Notice Of Action NET Child Care Change MASTER ONLY Notice Of Action NET Child Care Denial REQ М NA 809 ENG/SP

RECOMMENDED

FORM

REC=

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

REQ= REQUIRED FORM NO

CHANGE PERMITTED

REC= RECOMMENDED

FORM

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
NA 810	Notice Of Action Non-Gain Education Or Training (NET) Overpayment	REQ	Employment Program Bureau	М	MASTER ONLY
NA 810 SP	Notice Of Action Non-Gain Education Or Training (NET) Overpayment	REQ	44	М	MASTER ONLY
NA 811	Notice Of Action Good Cause (NET)	REQ		М	MASTER ONLY
NA 811 SP	Notice Of Action Good Cause (NET)	REQ	M.	М	MASTER ONLY
NA 812 ENG/SP	(FSET) Notice Of A Participation Problem And Opportunity For Conciliation	RSP	H	М	MASTER ONLY
NA 813 ENG/SP	Food Stamp Employment And Training Program (FSET) Notice Of No Good Cause Determination And Conciliation	RSP	H	М	MASTER ONLY
NA 814 ENG/SP	Notice of Action - NET SCC 2 Incomplete Request	REQ	4	М	MASTER ONLY
NA 960X	CA 7 Not Received	REQ	AFDC Policy Implementation Bureau	SE	.07 SE
NA 960X SP	CA 7 Not Received.	REQ	μ	SE	.23 SE
NA 960Y	Stop Aid - Report Incomplete (CA 7)	REQ	M.	SE	.08 SE
NA 960Y SP	Stop Aid - Report Incomplete (CA 7)	REQ	44	SE	.20 SE
NA 981	Child Welfare Services Notice Of Action	REQ	Child Welfare Services Operations Bureau	SE	.11 SE
NA 981 SP	Child Welfare Services Notice Of Action	REQ	и	М	MASTER ONLY
NA 982	CWS Notice Of Action Services	REQ	Family & Children Services Policy Bureau	SE	.07 SE
NA 982 SP	CWS Notice Of Action Services	REQ	μ	SE	.12 SE
NA 990	Notice of Action (Master for use in automated NOA production)	RSP	AFDC Policy Implementation Bureau	М	MASTER ONLY
NA 990 SP	Automated Notice Of Action	RSP	и	М	MASTER ONLY
NA 991	RCA/ECA MC-Decrease/Expiration (Time Expiration)	REQ	Refugee & Immigration Program Bureau	SE	.10 SE
NA 991 SP	RCA/ECA MC-Decrease/Expiration (Time-Expiration)	REQ	u	SE	.40 SE

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
NA 1000	Food Stamp Program Standard NOA Budget	ASP	Food Stamp Program Bureau	M	MASTER ONLY
NA 1001	Food Stamp Program Minimum NOA Budget For Approvals	RSP	15	M	MASTER ONLY
NA 1002	Food Stamp Program NOA Gross Test Budget	RSP	\$E	M	MASTER ONLY
NA 1003	Food Stamp Program NOA Net Test Budget	RSP	SI SI	M	MASTER ONLY
NA 1004	Food Stamp Program Standard Overissuance NOA Budget	RSP	LL LL	M	MASTER ONLY
NA BACK 7	Your Hearing Rights/How To Ask For A State Hearing	REQ	AFDC Policy Implementation Bureau	M	MASTER ONLY
NA BACK 7 SP	Your Hearing Rights/How To Ask For A State Hearing	REQ	u u	М	MASTER ONLY
NA CL BACK ENG/SP	Cal Learn Hearing Rights - How To Ask For A State Hearing	REQ	Employment Program Bureau	M	MASTER ONLY
NA SCC/CAAP BACK ENG/SP	(SCC) Or (CAAP) Hearing Rights How To Ask For A State Hearing	RSP	#	M	MASTER ONLY
ORR 3 PAGE 1	Refugee And Entrant Unaccompanied Minor Placement Report		Refugee & Immigration Program Bureau	SE	FREE
ORR 3 PAGE 2	Refugee And Entrant Unaccompanied Minor Placement Report Form		M.	SE	FREE
ORR 4	Refugee And Entrant Unaccompanied Minor Progress Report		**	SE	FREE
PA 1241	Building A Better Diet	RSP	Food Stamp Program Bureau	EA	FREE
PA 1290	Eating For Better Health	RSP	4	EA	FREE
PA 1340	Facts About The Food Stamp Program	RSP	44 44	EA	FREE
PA 1340 SP	Facts About The Food Stamp Program	RSP	4 () () () () () () () () () (EA	FREE
PA 1342	Make Your Food Dollars Count	RSP	- 44 - 1	EA	FREE
PA 1342 SP	Make Your Food Dollars Count	RSP	n	EA	FREE
PA 1343	Making Your Food Dollars Count - Buy Better (USDA Poster)	RSP	N. L.	EA	FREE
PA 1344	Which Brand Is The Best Buy?	RSP	ч	EA	FREE
PA 1344 SP	Which Brand Is The Best Buy?	RSP	ш	EA	FREE
PA 1345	Do You Use Food Labels To Make Smart Choices?	RSP	a a	EA	FREE
PA 1345 SP	Do You Use Food Labels To Make Smart Choices?	RSP	и	EA	FREE
PA 1346	Eat A Variety Of Foods	RSP	м	EA	FREE

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

PA 1347 SP Pia PA 1385 SP Enj PA 1386 SP Enj PA 1386 SP Enj PA 1387 SP Enj PA 1387 SP Enj PA 1388 Usi PA 1388 SP Usi PA 1419 Ch	lan Ahead To Make Your Food Dollars Count lan Ahead To Make Your Food Dollars Count njoy Fruits njoy Fruits njoy Vegetables	RSP RSP	Food Stamp Program Bureau	EA	otherwise specified FREE
PA 1385 Eng PA 1385 SP Eng PA 1386 Eng PA 1386 SP Eng PA 1387 SP Eng PA 1387 SP Eng PA 1388 Usi PA 1388 SP Usi PA 1419 Ch	njoy Fruits	ASP	м		1
PA 1385 SP Eng PA 1386 Eng PA 1386 SP Eng PA 1387 SP Eng PA 1387 SP Eng PA 1388 Usi PA 1388 SP Usi PA 1419 Ch	njoy Fruits		1	EA	FREE
PA 1386 Eng PA 1386 SP Eng PA 1387 SP Eng PA 1387 SP Eng PA 1388 Usi PA 1388 SP Usi PA 1419 Ch		505	"	EA	FREE
PA 1386 SP Eng PA 1387 SP Eng PA 1387 SP Eng PA 1388 Us PA 1388 SP Us PA 1419 Ch	njoy Vegetables	RSP	44	EA	FREE
PA 1387 SP Enj PA 1387 SP Enj PA 1388 Usi PA 1388 SP Usi PA 1419 Ch		RSP	u	EA	FREE
PA 1387 SP Enj PA 1388 Usi PA 1388 SP Usi PA 1419 Ch	njoy Vegetables	RSP	4	EA	FREE
PA 1388 Usi PA 1388 SP Usi PA 1419 Ch	njoy Legumes	RSP	u	EA	FREE
PA 1388 SP Usi PA 1419 Ch	njoy Legumes	RSP	и	EA	FREE
PA 1419 Ch	sing Less	RSP		EA	FREE
	sing Less	RSP	45	EA	FREE
PA 1419 SP Ch	hoosing Foods For A Healthy Family	RSP	ū	EA	FREE
i i	hoosing Foods For A Healthy Family	RSP	4	EA	FREE
PM 357 CH	HDP Referral Form	RSP	AFDC Policy Implementation Bureau	SE	FREE
PUB 3 BI Ad	dopting Todays Children	REQ	Adoptions Recruitment & Community Services Bureau	EA	FREE
PUB 13 You	our Rights	REQ	Administrative Adjudications Operations Support Bureau	EA	FREE
PUB 13 SP You	our Rights	REQ	и	EA	FREE
PUB 47 BI Pos	oster - Eligibility Report Reminder	REC	AFDC Policy Implementation Bureau	EA	FREE
PUB 50 Add	doption In California	REC	Adoptions Recruitment & Community Services Bureau	EA	FREE
PUB 56 In-I	n-Home Supportive Services General Information Brochure	REC	Adult Services Management Branch	EA	FREE
PUB 56 SP IHS	HSS General Information Brochure	REC	u u	EA	FREE

REQ= REQUIRED FORM NO

REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

REC -- RECOMMENDED

FORM CHANGE PERMITTED AMOUNT PER ORDER UNIT REG PROGRAM ORDER TITLE **FORM** only t00/50 SH per PD or BD unless otherwise specified UNIT RSP CONTACT NUMBER REC FREE AFDC Policy FΑ **PUB 62** AFDC Recipient Handbook REC mplementation Bureau FREE EΑ REC PUB 62 SP AFDC Recipient Handbook Administrative FREE REC EΑ **PUB 69** County Forms Catalog Services Bureau Community Care For Children. What Are Parents Responsibilities? EΑ FREE **PUB 72** REC Community Care Licensing Program Development Bureau FREE Community Care For Children. What Are Parents Responsibilities? REC EΑ PUB 72 SP MASTER ONLY Children's М **PUB 99** Medi-Cal Information Document For California Children Placed REC Services In Out-Of-State Care Program Development Bureau EΑ FREE **PUB 104** In-Home Supportive Services Individual Provider Benefits And REC Adult Services Services Information Management Branch In-Home Supportive Services Individual Provider Benefits And REC EA FREE **PUB 104 SP** Services Information REC Children EΑ FREE Facing The Facts: A Parents Guide To The Understanding Of **PUB 106A** Child Sexual Abuse Services Branch FREE Facing The Facts: A Parent's Guide To The Understanding Of REC EΑ PUB 106A SP Child Sexual Abuse FREE REC Community EΑ PUB 119 A Consumer Guide To Community Care Facilities Care Licensing Program **Development** Bureau REQ EΑ FREE Child Care Ombudsman Program. "Communication, PUB 122 Knowledge, Advocacy" FREE EΑ REC Adoptionos PUB 126 Confidentiality Of Adoption Records Independent Adoptions Recruitment & Community Services Bureau Children EΑ FREE REC Child Abuse Reporting And You - What Happens When A Report PUB 129 Services Is Made? Branch FREE Child Abuse Reporting- And You What Happens When A Report REC M PUB 129 SP ĒΑ FREE REQ **PUB 132** Child Abuse Reporting Law

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
PUB 141	Child Welfare Services Voluntary Family Maintenance	REC	Child Welfare Services Operations Bureau	EA	FREE
PUB 142	Child Welfare Services Court Ordered Family Maintenance	REC	u	EA	FREE
PUB 143	Child Welfare Services Voluntary Family Reunification	REC		EA	FREE
PUB 144	Child Welfare Services Court Ordered Family Reunification	REC	4	EA	FREE
PUB 145	Child Welfare Services Permanent Placement For Youths Over 18 In School Or Training	REC	4	EA	FREE
PUB 146	Child Welfare Services Court Ordered Permanent Placement	REC	4	EA	FREE
PUB 147	Child Welfare Services Court Ordered Permanent Placement With Parent Visitation	REC	#	EA	FREE
PUB 152	Adoption Assistance Program A Family - Every Special Child's Dream	REC	Adoptions Recruitment & Community Services Bureau	EA	FREE
PUB 160	California Child Support Information Handbook	REC	Child Support Management Bureau		FREE
PUB 160 SP	California Child Support Information Handbook	REC		EA	FREE
PUB 168	GAIN Guidebook	REQ	Employment Program Bureau	EA	FREE
PUB 168 SP	GAIN Guidebook	REQ	u	EA	FREE
PUB 180	Poster - Don't Turn Your Back On Your Kids	REC	Child Support Management Bureau	EA	FREE
PUB 180A	Poster - Don't Turn Your Back On Your Kids	REC	ц	EA	FREE
PUB 180B	Poster - Don't Turn Your Back On Your Kids	REC		EA	FREE
PUB 187	Poster - Do You Know Someone Who Needs Help "Hearing"?	REC	Office Of Deaf Access	EA	MASTER ONLY
PUB 190	How To Hire And Supervise Your In-Home Supportive Services (IHSS) Provider	REC	Adult Services Management Bureau	EA	FREE
PUB 190 SP	How To Hire And Supervise Your In-Home Supportive Services (IHSS) Provider	REC	u	EA	FREE
PUB 197	Preparation Options For Teachers Of Young Children	REC	Community Care Licensing Program Development Bureau	EA	FREE

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
PUB 198	Adoption Every Waiting Child's Dream	REC	Adoptions Recruitment & Community Services Bureau	EA	FREE
PUB 199	Facts You Need To Know About Licenses For Child Day Care Facilities	REC	Community Care Licensing Program Development Bureau	EA	FREE
PUB 200	Facts You Need To Know About Licenses for Community Care Facilities And Residential Care Facilities For The Elderly	REC	si .	EΑ	FREE
PUB 203	Your Guide To Workers' Compensation For iHSS Providers		Adult Services Management Branch	EA	FREE
PUB 203 SP	Your Guide To Worker's Compensation For IHSS Providers	REC	44	EA	FAEE
PUB 206	Department of Social Services Injury And Illness Prevention Program	REQ	Administrative Services Bureau	EA	FREE
PUB 208	Are You Working?The At Risk Child Care Program May Be Able To Help You. Alternate Payment Program (Brochure)	REC	Employment Program Bureau	EA	FREE
PUB 208 SP	Are You Working?The At Risk Child Care Program May Be Able To Help You. Alternate Payment Program (Brochure)	REC	4	EA	FREE
PUB 209 ENG/SP	We May Be Able To Help You Pay For Child Care. Alternate Payment Program (Flyer)	REC	И	EA	Free
PUB 210	Are You Working? Do You Need Help Paying For Child Care? Alternate Payment Program (Poster)	REC	M	EA	FREE
PUB 210 SP	Are You Working? Do You Need Help Paying For Child Care? Alternate Payment Program (Poster)	REC		EA	FREE
PUB 223	Information for Potential Group Home License Applicants	REQ	Community Care Licensing Program Development Bureau	EA	FREE
PUB 227	Child Abuse Prevention Handbook	REC	Children Services Branch	EA	FREE
PUB 232 SP	How Would You Like To Have An Extra \$100 Every Month? - Work Pays	REC	Deputy Director Public	EA	FREE
PUB 237 ENG/SP	Never, Never Shake Your Child	REC	Children Services Bureau	EA	FREE

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
PUB 242 BI	Poster-Social Security Information	REQ	Child Support Management Bureau	EA	FREE
PUB 244	Establishing Paternity For You And Your Child	REQ	u	EA	FREE
PUB 244 SP	Establishing Paternity For You And Your Child	REQ	ш	EA	FREE
QC 1	Worksheet For Integrated Change To AFDC, Adult Food Stamps And Medicaid Eligibility Quality Control Reviews	REC	Review and Evaluation Bureau	SE	.08 SE
QC 10	Monthly Quality Control Caseload Statistics Report	REC	\$4	М	MASTER ONLY
QC 11	Department Of Social Services Individual Equipment Assignment - REB District Office	REC	44	м	MASTER ONLY
RCA 43	RCA Notice Of A Participation Problem	REQ	Refugee & Immigration Program Bureau	M	MASTER ONLY
RCA 44	RCA Notice of no Good Cause Determination And Conciliation Appointment	REQ	4	М	MASTER ONLY
RS 1	Refugee Resettlement Program Services Application And Assessment Information	RSP	u	SE	FREE
RS 1C	Refugee Resettlement Program Services Application And Assessment	RSP	t.	М	MASTER ONLY
RS 3	Central Intake Unit (CIU) Referral/Notification Form	REQ	44	SE	.17 SE
RS 3A	Client Tracking	RSP	и	SE	FREE'
RS 3B	Central Intake Unit/Central Intake Point Nonparticipation Interview Appointment Letter	RSP	μ	SE	FREE
RS 3C	Nonparticipation Interview Report Demonstration Project (RDP)	REQ	u	SE	FREE
RS 8A	90 Day Follow-Up	RSP	u	PD	50 SH FREE
RS 9A	Health Accessing Referral	RSP	***	PD	100 SH FREE
RS 10	Refugee Resettlement Program Quarterly Report On Assessments And Select Demographics	REQ	Information Services Bureau	М	MASTER ONLY
RS 14	Targeted Assistance Program Intake/Assessment And Referral Monthly Report	RSP	4	SE	FREE
RS 15	Refugee Monthly Employment Social Services Report	REQ	4	М	MASTER ONLY
RS 16 RRP	Refugee Resettlement Program Monthly Grant Reductions, Terminations And Sanctions	REQ	44	M	MASTER ONLY

REC= RECOMMENDED REQUIRED FORM SUBSTITUTE REQUIRED FORM NO RSP= REO₂₂ WITH PRIOR DSS APPROVAL FORM CHANGE PERMITTED AMOUNT PER ORDER UNIT ORDER TITLE REQ PROGRAM FORM only 100/50 SH per PD or BD unless RSP CONTACT UNIT NUMBER REC otherwise specified information M MASTER ONLY REQ RS 16TA Refugee Resettlement Program Monthly Grant Reduction, Terminations and Sanctions - Targeted Assistance Services Bureau Refugee Services - Information Transmittal REQ SE .06 SE **PIS 18** REQ ĒΑ FREE Refugee Program Report Time-Expired Cased and GA/GR **RS 22A** Refugee Cases And Persons PD 100 SH RSP **PS 30** Explanation Of The Mandatory Work Registration Requirements FREE MASTER ONLY REQ M Refugee Resettlement Program - Cash Grant Only) RS 237 M MASTER ONLY Refugee Assistance By Nationality Annual Report - (Persons REQ **RS 238** MASTER ONLY Refugee Cash Assistance (RCA) Conciliation Report REQ M RS 249 AFDC Policy SE .04 SE REQ Application For Cash Aid, Food Stamps, And/Or Medical SAWS 1 Implementation Assistance (SAWS 1) Bureau SE .05 SE Coversheet And Application For Cash Aid, Food Stamps, REQ SAWS 1 SP And/Or Medical Assistance REQ M MASTER ONLY SAWS 2 Statement Of Facts Cash Aid, Food Stamps And Medical Assistance M MASTER ONLY REQ Statement of Facts - Cash Aid, Food Stamps & Medi-Cal SAWS 2 SP .12 SE Important Information For Cash Aid, Food Stamps, And REQ SE SAWS 2A Medical Assistance Applicants And Recipients REQ SE .12 SE SAWS 2A SP Important Information For Cash Aid, Food Stamps, Medical Assistance Applicants And Recipients DD100 SH REQ SAWS 7 Monthly Eligibility/Status Report 3.54 PD М MASTER ONLY REQ SAWS 7 SP Monthly Eligibility/Status Report MASTER ONLY Summary Report Of Special Circumstances REQ Fiscal F.A SC 800 Policy Bureau Employment Program MASTER ONLY REC V SCC 4 ENG/SP Important Notice (SCC) Program Bureau MASTER ONLY RSP V SCC 5 ENG/SP Supplemental Child Care (SCC) Program Information MASTER ONLY RSP M SCC 6 ENG/SP Monthly Child Care Eligibility Report MASTER ONLY REC M SCC 7 Child Care Payment Calculation Worksheet MASTER ONLY M RSP SCC 10 ENG/SP Child Care Repayment Agreement MASTER ONLY M SCC 12 Registration Fee Worksheet For 75th Percentile Regional REC Market Rate (RMR) Ceiling Level PD 100 SH Agency - Group Home Agreement Child Placed By Agency In REO SOC 154 4.29 PD Group Home

AMOUNT PER ORDER UNIT ORDER REQ PROGRAM TITLE **FORM** only 100/50 SH per PD or BD unless otherwise specified CONTACT UNIT RSP NUMBER REC Information M MASTER ONLY REQ Agency - Group Home Agreement Child Placed By Agency In SOC 154 SP Services Group Home Bureau PD 50 SH REQ SOC 155 Voluntary Placement Agreement - Parent/Agency 2.54 PD REQ PD 50 SH Voluntary Placement Agreement - Parent/Agency SOC 155 SP 3.51 PD PD 50 SH REQ SOC 155B Mutual Agreement For 18 Year Olds 1.81 PD .08 SE SE Voluntary Placement Agreement - Parent/Agency (Indian Child) REQ SOC 155C PD 100 SH REQ SOC 156 Agency - Foster Parents Agreement Child Placed By Agency In 8.27 PD Foster Home M MASTER ONLY Agency - Foster Parents Agreement Child Placed By Agency REQ SOC 156 SP In Foster Home BX/SE FREE Foster Child's Data Record And AFDC-FC Certification REQ SOC 158 SE FREE REQ SOC 158A Foster Child's Data Record And AFDC-FC Certification REQ SE .16 SE SOC 158B Foster Child's History Record SE .07 SE RSP SOC 158C Foster Child's Data Record Batch Transmittal **RSP** Adult PD 100 SH Face Sheet SOC 159 4.13 PD Services Management Branch EA FREE REQ SOC 242 County Services Block Grant Programs Monthly Statistical Report EA FREE REQ Informattion Preplacement Preventive Services SOC 291 Services Bureau Adult PD 50 SH REQ SOC 293A In-Home Supportive Services Needs Assessment-Face Sheet Services 3.04 PD Management Branch PD 100 SH REC IHSS Income Eligibility-Adult SOC 294A 4.36 PD PD 50 SH IHSS Income Eligibility - Child REC SOC 294C 1.75 PD **RSP** SE .06 SE SOC 295 Application For Social Services RSP SE .14 SE SOC 295 SP **Application For Social Services** REC SE .13 SE SOC 310 Statement Of Facts For In-Home Supportive Services SE .18 SE REC SOC 310 SP Statement Of Facts For In-Home Supportive Services REC М MASTER ONLY SOC 311 In Home Supportive Services

REC= RECOMMENDED

FORM

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT cnity 109/50 SH per PD or BD unless otherwise specified
SOC 312	In-Home Supportive Services Special Pre-Authorized Transaction	HEC	Adult Services Management Branch	PD	100 SH 2.56 PD
SOC 316	IHSS Payrolling System Document Transmittal	REQ	as a	SE	.20 SE
SOC 317	In-Home Supportive Services Batch Cover Sheet	REC	#	PD	100 SH 3.53 PD
SOC 318	Request For Confirmation Of Child's Status As Indian	REQ	Child Weltare Services Bureau	EA	.06 EA
SOC 319	Notice Of Involuntary Child Custody Proceeding Involving An Indian Child	REQ	и	PD	50 SH 2.28 PD
SOC 321	Request For Order And Consent - Paramedical Services	RSP	es es	EA	.08 EA
SOC 330	In-Home Supportive Services Overpayment Collection Transaction	REQ	eg eg	PD	100 SH 4.27 PD
SOC 332	In-Home Supportive Services Recipient/Employee Responsibility Checklist	REQ	ed entered	M	MASTER ONLY
SOC 332 SP	In-Home Supportive Services Recipient/Employer Responsibility Checklist	REQ	in the state of th	М	MASTER ONLY
SOC 340	Elder Abuse/Dependent Adult Abuse Monthly Statistical Report R	RSP	Information Services Bureau	EA	FREE
SOC 341	Report Of Suspected Dependent Adult/Elder Abuse	REQ	49	SE	FREE
SOC 343	Investigation Of Suspected Dependent Adult/Elder Abuse	REQ	15 TS	36	FREE
SOC 352	Section A - County Plan Summary	REQ	240 440 4444444444444444444444444444444	М	MASTER ONLY
SOC 352A	Program Reduction Detail By Delivery Mode	REQ	41	M	MASTER ONLY
SOC 352B	Program Reduction Forecast	REQ	**	M	MASTER ONLY
SOC 352C	Forecast Detail And Narrative	REO	ER ER	M	MASTER ONLY
SOC 352D	Section C1. FY Forecast Summary	REQ	1 13	W	MASTER ONLY
SOC 352E	Section B Record Of FY 1981/82 Expenditures	REQ		M	MASTER ONLY
SOC 361	Statement Cf Earnings And Deductions	REQ	14	N.	MASTER ONLY
SOC 367	1986 CWS Case Review - Emergency Response	REQ	15	W	MASTER ONLY
SOC 368	1986 Child Welfare Services (CWS) Case Review Family Maintenance (FM) Program Log	REQ	Man	₩.	MASTER ONLY
SOC 369	Agency-Relative Foster Parent Financial Disclosure	REQ	Family & Children Services Policy Bureau	PD	100 SH 2.55 PD

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
SOC 374	In-Home Supportive Services Case Management Information And Payrolling System (IHSS/CMIPS) County Summary (CSUM) Input Document	REC	Adult Services Branch	EA	FREE
SOC 383	Child Welfare Services Application	REQ	Child Welfare Services Bureau	EA	.02 EA
SOC 383 SP	Child Welfare Services Application	REQ		EA	.03 EA
SOC 385	Independent Living Skills Program Individual Client Characteristics Data	REQ	и	М	MASTER ONLY
SOC 387	Child Protective Services Alert	REQ	M	M	MASTER ONLY
SOC 390	Form Letter - Unprocessed Invoice	REQ	Children Services Branch	M	MASTER ONLY
SOC 393	SDSS Adult Services Activity Questionnaire	REC	Adult Services Management Branch	X	MASTER ONLY
SOC 404	In-Home Supportive Services Program Direct Deposit Enrollment/Change/Cancellation Form	REC	ia .	SE	FREE
SOC 404 SP	In-Home Supportive Services Program Direct Deposit Enrollment/Change/Cancellation Form	REC	4	SE	FREE
SOC 405	(ILP) Report of Individual Youths Served	REQ	Information Services Bureau	M	MASTER ONLY
SOC 405A	Independent Living Program (ILP)	REQ	u	М	MASTER ONLY
SOC 409 ENG/SP	IHSS/CMIPS Elective State Disability Insurance (SDI) Form	REC	u	М	MASTER ONLY
SOC 412	In-Home Supportive Services (IHSS) Employee's Claim for Workers Compensation Benefits Notice of Potential Eligibility For Benefits	REQ	zi.	SE	FREE
SOC 412 SP	In-Home Supportive Services (IHSS) Employee's Claim for Workers Compensation Benefits Notice of Potential Eligibility For Benefits	REQ	ш	SE	FREE
SOC 413 ENG/SP	Notice to Employees DSS/IHSS State Compensation Fund Insurer (Bilingual)	REC	4	EA	FREE
SOC 422	Family Preservation Services Case Information Assitance - Foster Care	RSP	*	M	MASTER ONLY
SOC 423	Emergency Response Protocol	RSP	M	М	MASTER ONLY
SOC 425	Physician's Certification of Medical Necessity	REQ	¥	PD	50 SH 2.76 PD
SOC 426	Personal Care Program Provider Enrollment Agreement	REQ	L	SE	.07 SE

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL.

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER	AMOUNT PER ORDER UNIT enly 100/50 SH per PD or BD unless otherwise specified
SOC 426 SP	Personal Care Program Provider/Enrollment Agreement	REQ	Information Services Bureau	SE	.09 SE
SOG 427	Nurse Review	REQ	41	M	MASTER ONLY
SOC 428	IHSS Personal Care Program Eligibility	REQ	4	M	MASTER ONLY
SOC 431	Personal Care Program Contract Agency Certification	REC	44	M	MASTER ONLY
SOC 433	Emergency Assistance Application (Title IV-A)	REC	N N	W	MASTER ONLY
SOC 434	Request For Verification Of Emergency Assistance Eligibility	REC	i b	W	MASTER ONLY
SOC 435 ENG/SP	PCSP Provider Enrollment Notice	REC	<u>.</u>	M	MASTER ONLY
SOC 436 ENG/SP	PCSP Recipient Non-Compliance Notice	REC		М	MASTER ONLY
SOC 437 ENG/SP	PCSP Provider Enrollment Recipient Notice	REC	14 Average (14 Ave	M	MASTER ONLY
SOC 443	Homemaker Services Time Report	REC	\$ F	M	MASTER ONLY
SOC 444	IHSS Contract Procurement Process Certification	REC	u.	M	MASTER ONLY
SOC 445	Medi-Cal Recovery for the Personal Care Services Program	REQ	e e	EA	FREE
SOC 800	Summary Report Of Assistance Expenditures Emergency	REQ	Fiscal Policy Bureau	N	MASTER ONLY
SOC 801	Summary Report Of Assistance Expenditures Emergency Assistance-Unemployed Parent	REQ	u.	M	MASTER ONLY
SR 6A	Employee Training Log Worksheet	REC	Children Services Bureau	EA	FREE
SSP 4A	Application And Verification For Special Circumstances Allowance (EAS 46-425)	RSP	CA.	SE	.13 SE
SSP 4B	Notice Of Intended Action And Right To Request A State Hearing On Your Application For A Special Circumstances Allowance	REQ	и	SE	.16 SE
SSP 14	Authorization For Reimbursement Of Interim Assistance Granted Pending SSI/SSP Eligibility Determination	RSP	Adult Services Management Branch	s)	.12 SE
SSP 14 SP	Authorization For Reimbursement Of Interim Assistance Granted Pending SSI/SSP Eligibility Determination	RSP	54	M	MASTER ONLY
SSP 17	Notice Of Action And Right To Request A State Hearing On Interim Assistance	RSP	£	SE	.09 SE
SSP 17 SP	Notice Of Action And Right To Request A State Hearing On Interim Assistance	HSP	ju	М	MASTER ONLY
SSP 22	Authorization For Nonmedical Out-Of-Home Care (Board And	REQ	Adult Services Management Branch	PD PD	100 SH FREE

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

CHANGE	PERMITTED WITH PRIOR DSS APPROVA	-		100	**
FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
STAT 16	Request For Correction Of Statistical Reports	RSP	Information Services Bureau	М	MASTER ONLY
STD 435	Request for Duplicate Controller's Warrant/Stop Payment	REQ	Assistant Chief Counsel	SE	FREE
STD 850	Fire Safety Inspection Request	REQ	Community Care Licensing Program Development Bureau	EA	FREE
STO CA 0034	Forged Endorsement Affidavit	REQ	4	PD	50 SH FREE
TCC 1 ENG/SP	Application For Transitional Child Care Benefits Coversheet And Longform	RSP	Employment Program Bureau	M	MASTER ONLY
TCC 1A ENG/SP	Application For Transitional Child Care Benefits Coversheet And Shortform	RSP	# 	M	MASTER ONLY
TCC 11 ENG/SP	You May Get Money To Help Pay Part Of Your Child Care	REC	SI SI	M	MASTER ONLY
TCC 12 ENG/SP	ICT Reminder-Recipient Moves To A New County	REC	44	М	MASTER ONLY
TCC 13 ENG/SP	Do You Need Help Paying For Your Child Care? Information Sheet	REC	Hamilton H	М	MASTER ONLY
TCC 30	Transitional Child Care Worksheet	REC	AFDC Policy Implementation Bureau	PD	100 SH 5.38 PD
TCC 30A	Family Fee Worksheet Transitional Child Care	REC	u	М	MASTER ONLY
TCC 43	Request For Transitional Child Care (TCC) Payment	REC	и	М	MASTER ONLY
TCC 43 SP	Request For Transitional Child Care Payment	REQ	M	М	MASTER ONLY
TCC 83	Transitional Child Care (TCC) Repayment Agreement	REC		М	MASTER ONLY
TCC 85 ENG/SP	Transitional Child Care (TCC) Status Report	REC	и	М	MASTER ONLY
TEMP 1591	Food Stamp Program Retrospective Budgeting Requirements	REQ	Food Stamp Policy Bureau	М	MASTER ONLY
TEMP 1591 SP	Food Stamp Program Retrospective Budgeting Requirements	REQ	u	М	MASTER ONLY
TEMP 1625	Exhibit A - FY 87-88 IHSS Program Expenditures -Individual Providers	REC	4	М	MASTER ONLY
			and the format of the format o		The state of the s
				and the state of t	

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	100/50 SH per PD or 8D unless
TEMP 1662	Basic English Skills Test Form C Literacy Skills Section	REQ	Employment Program	EA	otherwise specified FREE
			Bureau		The state of the s
TEMP 1663	Basic English Skills Test Form D Literacy Skills Section Scoring Sheet	REQ	<u>a</u>	EA	FREE
TEMP 1664	Basic English Skills Test - Core Section Score Sheet Form D	REQ	*	EA	FREE
TEMP 1665	Basic English Skill Test - Core Section Score Sheet	REQ	4	EA	FREE
TEMP 1666	Basic English Skills Test Form D	REQ	Œ	EA	FREE
TEMP 1668	Basic English Skills Test Literacy Skills Section Form C	REQ	si	EA	FREE
TEMP 1670	Basic English Skills Test - Core Section Score Sheet Form B	REQ	ec	EA	FREE
TEMP 1671	Basic English Skills Test Literacy Skills Section Form B	REO	E.	EA	FREE
TEMP 1672	Basic English Skills Test Core Section Scoring Booklet Form B	REQ	u	EA	FREE
TEMP 1701	Services Provision To Homeless Families With Children	REC	5 6	M	MASTER ONLY
TEMP 1711	Child Abuse Challenge Grant Report Of Expenditures/ Encumbrances Part I	REC	Children's Services Branch	M	MASTER ONLY
TEMP 1712	Child Abuse Challenge Grant Report Of Expenditures/ Encumbrances Part II	REC	cc cc	M	MASTER ONLY
TEMP 1721	Food Stamp Program UAW/UMWA Strikers Provision Report	REQ	Fraud Program Management Bureau	M	MASTER ONLY
TEMP 1722	AFDC/FS Intercept Program	REQ	u	M	MASTER ONLY
TEMP 1722A	Food Stamp Intercept System Transmittal	REQ	Fraud Program Management Bureau	М	MASTER ONLY
TEMP 17228 ENG/SP	Food Stamp Intercept System - Input Document	REQ	н	М	MASTER ONLY
TEMP 1722C	Limited Assignment Of Delinquent Restitution	REQ	н	M	MASTER ONLY
TEMP 17220	Interagency Offset Program - Modification Request(s)	REQ	ad	M	MASTER ONLY
TEMP 1750	(AFDC) Immediate Need Monthly Statiscal Report	RSP	Information Services Bureau	М	MASTER ONLY
TEMP 1763	Collection Of Child Support Information During Quality Control Review	RSP	REB Policy Administrative Support Unit	M	MASTER ONLY
TEMP 1774 ENG/SF	State Disability Insurance	REC	Adult Services Management Branch	М	MASTER ONLY

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
TEMP 1803	Face Sheet	RSP	Child Support Performance Review Bureau	M	MASTER ONLY
TEMP 1803A	Case Opening	RSP	**	M	MASTER ONLY
TEMP 1803B	Locating Absent Parent Or Income/Assets	RSP	4	M	MASTER ONLY
TEMP 1803C	Establishing Paternity	RSP	В	М	MASTER ONLY
TEMP 1803D	Establishing/Adjusting Support Orders	RSP	4	М	MASTER ONLY
TEMP 1803E	Enforcement Of Support Order	RSP	4	м	MASTER ONLY
TEMP 1803F	Wage Assignment	RSP	H	М	MASTER ONLY
TEMP 1803G	Withholding of UIB/SDI	RSP	4	М	MASTER ONLY
TEMP 1803H	IRS/FTB Intercept	RSP	L.	М	MASTER ONLY
TEMP 1803I	interstate URESA	RSP	u	м	MASTER ONLY
TEMP 1803Ja	Collections and Distribution	RSP	4	М	MASTER ONLY
TEMP 1803Jb	Collection And Distribution	RSP	<u>u</u>	М	MASTER ONLY
TEMP 1803K	Liens- Personal And Real	RSP		М	MASTER ONLY
TEMP 1803M	Case Closure	RSP	u	М	MASTER ONLY
TEMP 1803N	Performance Review Tool Worksheet	RSP	u	м	MASTER ONLY
TEMP 1803P	Review And Adjustment Of Support Orders	RSP	"	М	MASTER ONLY
TEMP 1805A	Case Review Tabulation Sheet-Case Opening	RSP	te.	М	MASTER ONLY
TEMP 1805B	Case Review Tabulation Sheet-Locate	RSP		М	MASTER ONLY
TEMP 1805C	Case Review Tabulation Sheet-Establishing Paternity	RSP	я	М	MASTER ONLY
TEMP 1805D	Case Review Tabulation Sheet-Establishing Support Orders	RSP	ti	М	MASTER ONLY
TEMP 1805E	Case Review Tabulation Sheet-Enforcement of Support Order	RSP	45	М	MASTER ONLY
TEMP 1805F	Case Review Tabulation Sheet-Earnings Assignment	RSP	N	М	MASTER ONLY
TEMP 1805G	Case Review Tabulation Sheet-UIB/SDI	RSP	H	М	MASTER ONLY
TEMP 1805H	Case Review Tabulation Sheet-Tax Refund Intercept	RSP	•	М	MASTER ONLY
TEMP 1805J	Case Review Tabulation Sheet-Collections & Distributions	RSP	<u>.</u>	М	MASTER ONLY
TEMP 1805L	Case Review Tabulation Sheet-Medical Support	RSP	u	М	MASTER ONLY
TEMP 1805O	Case Review Tabulation Sheet-Payments to the FAmily	RSP	The state of the s	М	MASTER ONLY
TEMP 1805S	Case Review Tabulation Sheet-Non-Welfare	RSP	u	М	MASTER ONLY
		***************************************			And the state of t
		and the state of t			

RSP= REQUIRED FORM SUBSTITUTE WITH PRIOR DSS APPROVAL

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDEA	AMCUNT PER ORDER UNIT only 100/50 SH per PD or 3D unless otherwise specified
TEMP 1805U	Case Review Tabulation Sheet	RSP	Child Support Program Management Bureau	М	MASTER ONLY
TEMP 1805V	Case Review Tabulation Sheet-Recovery of Direct Payment	RSP	Ð	M	MASTER ONLY
TEMP 1806	AFDC/Non-AFDC Worksheet	RSP	H	M	MASTER CHLY
TEMP 1807	Review Summary	RSP	B	M	MASTER ONLY
TEMP 2037 ENG/SP	Stuffer: Ceja vs Carison	ASP	ŭ	M	MASTER ONLY
TEMP 2038 ENG/SP	Stuffer: Ceja vs Carlson	RSP	d	M	MASTER ONLY
TEMP 2039	Poster: Welfare May Cwe You Money	RSP		M	MASTER ONLY
TEMP 2039 SP	Poster: Welfare May Owe You Money	RSP		M	MASTER ONLY
TEMP 2045	Application Processing Corrective Action Plan Steffens v. McMahon	REQ	Food Stamp Program Bureau		MASTER ONLY
TEMP 2048	Summary of Food Stamp Employment And Training Program FSET	REQ	Employment Operations	V	MASTER ONLY
TEMP 2052	Notice - Working On Welfare	REQ	AFDC Policy implementation Bureau	K	MASTER ONLY
TEMP 2052 SP	It Pays To Work	REQ	u	M	MASTER ONLY
TEMP 2061 ENG/SP	New Property Rules - For Recipients of AFDC	REQ	£ £	M	MASTER ONLY
TEMP 2061A ENG/SP	New Property Rules - For Recipients of AFDC	RSP	и	K	MASTER ONLY
TEMP 2062	County Performance Demonstration Project Application	REQ	Employment Operations Section	M	MASTER ONLY
TEMP 2063	County Performance Demonstration Project Quarterly Progress Report	REQ	34	М	MASTER ONLY
TEMP 2065	Impertant Notice For GAIN Participants In On-the-Job Training And Grant	REG	u	M	MASTER ONLY
TEMP 2069	Monthly Child Care Eligibility Report - GAIN/NET/CAL-LEARN SCC/CAAP	REC	<u>1</u>		MASTER ONLY
TEMP 2070 ENG/SP	New GAIN Exemption Limit For Applicants and Recipients of AFDC	REQ	E	×	MASTER ONLY
		7			
		Additional and the state of the		And of charge of the charge of	

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
TEMP 2074 MULTILINGUAL	Important Notice To All Food Stamp Recipients	REC	Employment Operation Section	М	MASTER ONLY
TEMP 2075 MULTILINGUAL	Important Notice To All Food Stamp Recipients	REC	L L	М	MASTER ONLY
TEMP 2077A	Welfare May Owe You Money (Extra Cash Aid Claim Form - Ceja V Carlson)	RSP	AFDC Policy Implementation Bureau	М	MASTER ONLY
TEMP 2077A SP	Welfare May Owe You Money (Extra Cash Aid Claim Form - Ceja V Carlson)	RSP		М	MASTER ONLY
TEMP 2081 ENG/SP	New Maximum Family Grant Rules For Recipients Of Cash Aid	REQ	u	М	MASTER ONLY
TEMP 2081A ENG/SP	New Maximum Family Grant Rules For Recipients Of Cash Aid	REQ	u	М	MASTER ONLY
TEMP 2082	Welfare May Owe You Money - Welch v. Anderson	REQ	u	M	MASTER ONLY
TEMP 2082 SP	Welfare May Owe You Money - Weich v. Anderson	REQ	#	M	MASTER ONLY
TEMP AD 56A	Applications And Homes Approved For Adoptive Placements	RSP	Information Services Bureau	М	MASTER ONLY
TEMP CA 60	Release Of Information-Financial Institution	REQ	AFDC Policy Implementation Bureau	М	MASTER ONLY
TEMP CA 237EA	Title IV-A Emergency Assistance (EA) Program Interim Caseload An Expenditures Report	REQ	Information Services Bureau	М	MASTER ONLY
TEMP CA 371sb	Referral To District Attorney For Action	REQ	Child Support Management Bureau	M	MASTER ONLY
TEMP CA 602A	Important Information For Recipients Of Cash Aid & Food Stamps And Walk-Ins By Questions-Pilot County	REQ	AFDC Policy Implementation Bureau	М	MASTER ONLY
TEMP GAIN 1	Gain Contract General Agreement	REQ	Employment Program Bureau	SE	.04 SE
TEMP GAIN 1 SP	Gain Contract General Agreement	REQ	H	SE	.05 SE
TEMP GAIN 2	Gain Contract Activity Agreement Basic Education Services	REQ	4	SE	.05 SE
TEMP GAIN 2 SP	Gain Contract Activity Agreement Basic Education Services	REQ	44	SE	.11 SE
TEMP GAIN 2A	GAIN Contract Activity Agreement-Basic Education Services For Young Parents	REQ	a	SE	.08 SE
TEMP GAIN 2A SP	GAIN Contract Activity Agreement-Basic Education Services For Young Parents	REQ	66	SE	FREE
TEMP GAIN 3	Gain Contract Activity Agreement Job Club/Supervised Job Search	REQ		М	MASTER ONLY
TEMP GAIN 3 SP	Gain Contract Activity Agreement Job Club/Supervised Job Search	REQ		SE	.06 SE
TEMP GAIN 3A	GAIN Contract Activity Agreement Job Club/Supervised Job Search	REQ	24	М	MASTER ONLY

	TEMPERALLY WITH THOSE POOR FROM				
FORM REBMUN	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
TEMP GAIN 3A SP	GAIN Contract Activity Agreement Job Club/Supervised Job Search	REQ	Employment Program Bureau	M	MASTER ONLY
TEMP GAIN 4	Gain Contract Activity Agreement Self-Initiated Program	REQ	r.	SE	.05 SE
TEMP GAIN 4 SP	Gain Contract Activity Agreement Self-Initiated Program	REQ	25	SE	.07 SE
TEMP GAIN 5	Gain Contract Activity Agreement Assessment	REQ	фĪ	M	MASTER OWLY
TEMP GAIN 5 SP	Gain Contract Activity Agreement Assessment How To Ask For A State Hearing	REQ	47	SE	.07 SE
TEMP GAIN 6A	GAIN Contract Activity Agreement Training Or Education Services After Assessment	REQ	64	М	MASTER ONLY
TEMP GAIN 6A SP	GAIN Contract Activity Agreement Training Or Education Services After Assessmen	REQ	61	M	MASTER ONLY
TEMP GAIN 7	Gain Contract Activity Agreement- Job Services After Assessment	REQ	±	M	MASTER ONLY
TEMP GAIN 7 SP	Gain Contract Activity Agreement- Job Services After Assessment	REQ	*	М	MASTER ONLY
TEMP GAIN 6	GAIN Contract Activity Agreement (PREP)	REG	u	M	MASTER ONLY
TEMP GAIN 8 SP	GAIN Contact Activity Agreement (PREP)	REQ	at .	M	MASTER ONLY
TEMP GAIN 9	GAIN Contract Activity Agreement - Miscellaneous	REQ	u	М	MASTER ONLY
TEMP GAIN 9 SP	GAIN Contract Activity Agreement Miscellaneous	REQ	ņ	M	MASTER ONLY
TEMP GAIN 10	GAIN Contract Activity Agreement - Amendment	REO	W	M	MASTER ONLY
TEMP GAIN 10 SP	GAIN Contract Activity Agreement - Amendment	REQ	45	M	MASTER ONLY
TEMP GAIN 32	Request For Gain Third-Party Assessment	REQ	и	М	MASTER ONLY
TEMP GAIN 32 SP	Request For Gain Third-Party Assment	REQ	. ن	М	MASTER ONLY
TEMP GAIN 42	GAIN Informing Notice to Parent/Legal Guardian Of Teen Participation Problem	REQ	ad.	M	MASTER ONLY
TEMP GAIN 42 SP	GAIN Informing Notice to Parent/Legal Guardian Of Teen Participation Problem	REQ	· N	M	MASTER ONLY
TEMP GAIN 45	GAIN Notice Of Determination Of No Good Cause Upheld	REQ	u	SE	.12 SE
TEMP GAIN 45 SP	GAIN Notice Of Determination Of No Good Cause Upheld	REQ	, is	M	MASTER ONLY
TEMP GAIN 48	GAIN Notice Of Good Cause Determination	REQ	Ŗ	SE	.05 SE
TEMP GAIN 48 SP	GAIN Notice Of Good Cause Determination	REQ	69	M	MASTER ONLY

REQ= REQUIRED FORM NO RSP= REQUIRED WITH PRIO

RSP= REQUIRED FORM SUBSTITUTE
WITH PRIOR DSS APPROVAL

REC= RECOMMENDED

FORM

AMOUNT PER ORDER UNIT ORDER **PROGRAM** REQ TITLE FORM only 100/50 SH per PD CONTACT UNIT RSP NUMBER or BD unless REC otherwise specified SE .08 SE REQ Employment GAIN Notice Of Reversal Of No Good Cause **TEMP GAIN 49** Program Bureau MASTER ONLY M GAIN Notice Of Reversal Of No Good Cause REQ **TEMP GAIN 49** MASTER ONLY M Agreement To 10 Calendar Day Extension Of Conciliation REQ **TEMP GAIN 55** ENG/SP MASTER ONLY RSP М **TEMP GAIN 56** GAIN Supportive Services Request Form MASTER ONLY М RSP GAIN Supportive Services Request Form **TEMP GAIN 56** SP MASTER ONLY REQ М Student Financial Aid Statement GAIN Supportive Services **TEMP GAIN 56A** ENG/SP RSP М MASTER ONLY **TEMP GAIN 57** GAIN Supportive Service Repayment Agreement М MASTER ONLY RSP GAIN Supportive Service Repayment Agreement **TEMP GAIN 57** SP MASTER ONLY M RSP GAIN Supportive Services Overpayment Notice **TEMP GAIN 58** RSP M MASTER ONLY **GAIN Supportive Services Overpayment Notice TEMP GAIN 58** SP MASTER ONLY М GAIN Supportive Services Overpayment Final Notice RSP **TEMP GAIN 59** М MASTER ONLY RSP GAIN Supportive Services Overpayment Final Notice **TEMP GAIN 59** SP RSP M MASTER ONLY **TEMP GAIN 60** Miller vs. Carlson Rights And Responsibilities Notice MASTER ONLY **RSP** М Miller vs Carlson Rights And Responsibilities Notice **TEMP GAIN 60** М MASTER ONLY REQ **TEMP GAIN 68** GAIN Contract Activity Agreement Basic Eduction Services REQ М MASTER ONLY GAIN Contract Activity Agreement Basic Education Services **TEMP GAIN 68** SP MASTER ONLY REQ М GAIN Contract Activity Agreement Job Club Supervised Job **TEMP GAIN 69** Search М MASTER ONLY GAIN Contract Activity Agreement Job Club Supervised Job REQ **TEMP GAIN 69** Search MASTER ONLY GAIN Contract Activity Agreement-Job Club/Supervised Job REQ Μ **TEMP GAIN 69A** Search (Riverside County Only) MASTER ONLY REQ М GAIN Contract Activity Agreement-Job Club/Supervised Job TEMP GAIN 69A Search (Riverside County Only) SP MASTER ONLY GAIN Contract Activity Agreement Self Initiated Program Demo М REO TEMP GAIN 70 MASTER ONLY REQ М GAIN Contract Activity Agreement Self Initiated Program **TEMP GAIN 70** MASTER ONLY M REQ GAIN Contract Activity Agreement Assessment Demo **TEMP GAIN 71**

FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER	AMOUNT PER ORDER UMIT only 100/50 SH per PD or BD unless otherwise specified
TEMP GAIN 71 SP	GAIN Contract Activity Agreement Assessment	REQ	Employment Program Bureau	X	MASTER ONLY
TEMP GAIN 72	GAIN Contract Activity Agreement Training Or Education Services After Assessment Demo	REQ	#	V	MASTER ONLY
TEMP GAIN 72 SP	GAIN Contract Activity Agreement Training Or Education Services After Assessment	REQ	¥	М	MASTER ONLY
TEMP GAIN 72A	GAIN Contract Activity Agreement- Training or Education Services After Assessment (Riverside County Only)	REQ	14-44-4-4	М	MASTER ONLY
TEMP GAIN 72A SP	GAIN Contract Activity Agreement- Training or Education Services After Assessment (Riverside County Only)	REQ	M	M	MASTER ONLY
TEMP GAIN 73	GAIN Contract Activity Agreement Job Services After Assessment Demo	REQ	a	M	MASTER ONLY
TEMP GAIN 73 SP	GAIN Contract Activity Agreement Job Services After Assessment	REQ	44 -	М	MASTER ONLY
TEMP GAIN 74	GAIN Contract Activity Agreement Preemployment Preparation (PREP) Demo	REQ	44	М	MASTER ONLY
TEMP GAIN 74 SP	GAIN Contract Activity Agreement Preemployment Preparation (PREP)	ЯЕО	And the state of t	М	MASTER ONLY
TEMP GAIN 75	GAIN Contract Activity Agreement Miscellaneous Demo	REQ	¥.	М	MASTER ONLY
TEMP GAIN 75 SP	GAIN Contract Activity Agreement Miscellaneous	REQ	16	M	MASTER ONLY
TEMP GAIN 84 MULTILINGUAL	Yslas vs. Anderson Informing Notice	RSP	G	M	MASTER ONLY
TEMP GAIN 85 MULTILINGUAL	Yslas vs. Anderson Claim Form	RSP	zg.	M	MASTER ONLY
TEMP GAIN 86 MULTILINGUAL	CCWRO vs. Anderson Informing Notice	RSP	*	М	MASTER ONLY
TEMP GAIN 87 ENG/SP	CCWFIO vs. Anderson Claim Form	RSP	\$5	M	MASTER ONLY
TEMP MILLER 50A	Your Hearing Rights - How To Ask For A State Hearing	REQ	8	М	MASTER ONLY
TEMP MILLER 50A SP	Your Hearing Rights - How To Ask For A State Hearing	REQ	# H	M	MASTER ONLY
TEMP NA 2	Food Stamp Change	RSF	Food Stamp Policy Bureau	M	MASTER ONLY
TEMP NA 3	Important Notice For Cash Recipients MAP Rollback	ASP	AFDC Policy implementation Bureau	M	MASTER ONLY
TEMP NA 3 SP	Important Notice For Cash Recipients MAP Rollback	RSP		M	MASTER ONLY
TEMP NA 4	Important Notice For Cash Aid Recipients	RSP	arrament to the state of the st	M	MASTER ONLY
TEMP NA 5	Important Notice For Cash Aid Recipients MAP Change/ Food Stamp Change	REQ	Food Stamp Policy Bureau	M	MASTER ONLY
				<u> </u>	

CHANGE	PERMITTED WITH PRIOR DSS APPROVA	₹L		FUNI	IAI
FORM NUMBER	TITLE	REQ RSP REC	PROGRAM CONTACT	ORDER UNIT	AMOUNT PER ORDER UNIT only 100/50 SH per PD or BD unless otherwise specified
TEMP NET 1 ENG/SP	Important Notice	RSP	Employment Program Bureau	M	MASTER ONLY
TEMP NET 2 ENG/SP	Request For NET Benefits	RSP	u	M	MASTER ONLY
TEMP NET 2 COVERSHEET ENG/SP	NET Services Rights And Responsibilties	RSP	44	M	MASTER ONLY
TEMP NET 4 ENG./SP	Non-GAIN Education Or Training (NET) Child Care Overpayment Notice	RSP	M	М	MASTER ONLY
TEMP NET 5 ENG/SP	Non-GAIN Education Or Training (NET) Child Care Repayment Agreement	RSP	¥	М	MASTER ONLY
TEMP NET 6 ENG/SP	Non-GAIN Education Or Training (NET) Child Care Overpayment Final Notice	RSP	ú	М	MASTER ONLY
TEMP SCC 1 ENG/SP	Important Notice (CDE) Subsidized Child Care	RSP	4	М	MASTER ONLY
TEMP SCC 2	Determination For Title IV A Child Care AB 2184	RSP		м	MASTER ONLY
TEMP SCC 3	Change In Status For Title IV A Child Care AB 2184	RSP		М	MASTER ONLY
TEMP SOC 6	Individual Case Information Sheet:SB438 Demonstration Project	REC	Adult Services Management Bureau	EA	FREE
TEMP SOC 299	IHSS Request For Evaluation Of Need For Long-Term Medical Care	REC	H	PD	100 SH FREE
TEMP SOC 329 ENG/SP	Form Letter To Recipient - IHSS Provider Invalid Social Security Number	REC	44	М	MASTER ONLY
TEMP SOC 362	Office Of Child Abuse Prevention Exhibit A - Scope Of Work	REC	Children Services Branch	М	MASTER ONLY
TEMP SOC 363	Office Of Child Abuse Prevention Exhibit A - Scope Of Work Continued	REC		М	MASTER ONLY
TEMP TCC 1772	Important Notice Transitional Child Care And Transitional Medi-Cal	REQ		М	MASTER ONLY
				L	